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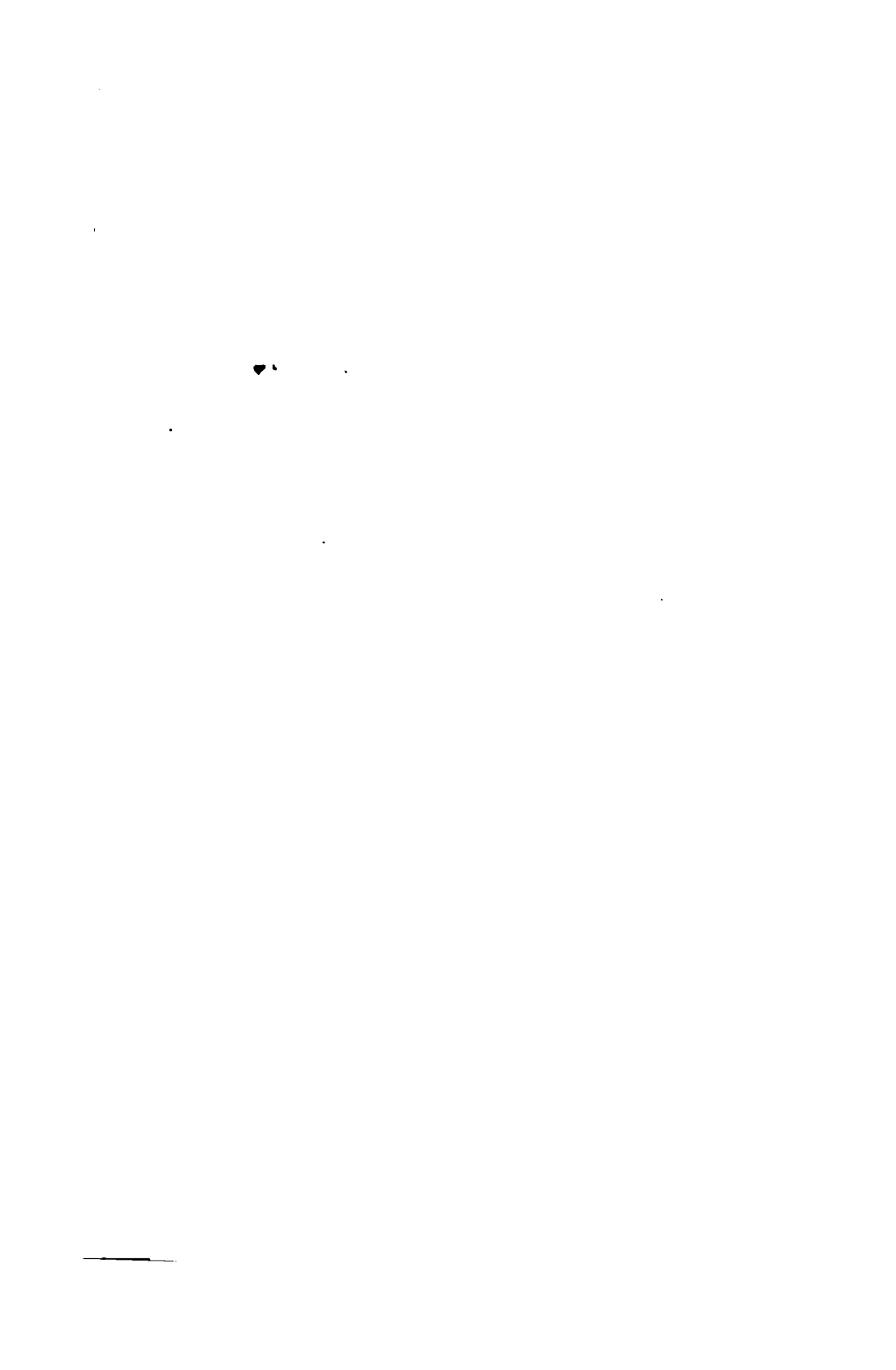
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THE
ECLECTIC MEDICAL JOURNAL,

CONDUCTED BY

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PART I,---INTRODUCTORY LECTURE,

By I. C. Jones, M.D.,

PROFESSOR OF THEORY AND PRACTICE OF MEDICINE IN THE ECLECTIC
MEDICAL INSTITUTE OF CINCINNATI.

GENTLEMEN :—

In the consideration of this subject, my aim shall be, to make none but truthful statements; and none that I am not borne out in by the best authorities treating on the different systems. And while I disclaim any disposition to do injustice to any system, and am disposed to "nothing extenuate or ought set down in malice," I must claim the privilege of setting forth in all truth and soberness, whatever may appear as defects.

In considering the different systems, I shall confine myself to those only, which have a definite and tangible character, and which are now before the community, as separate and distinct systems, claiming for themselves, their confidence and support.

In the discussion of this subject, it will be most convenient and intelligible to present them, separately in the following order:

The Thomsonian system; The Hydropathic system; The Homœopathic system; The Old School system; and the Eclectic system.

A combination of circumstances, has heretofore given me an opportunity, to examine with considerable care, in a spirit, I trust, of comparative disinterestedness, the merits of all these systems and I may observe, with an anxious desire, to add to our meagre stock of knowledge, important truths, in this most important department of human progress. Of all the interests of this mortal life, the preservation of health and the removal of disease is at once the most absorbing and interesting. Without it our very existence is a burthen; the returning seasons have lost their interest; friends no longer add to our happiness; and the very life we so highly prize, is dragged out void of happiness.

The position we occupy is one of deliberation and choice, and

no high-wrought hopes of popularity and fame have lent their dazzling influence to enlighten our path or add to a stimulus to action; no hopes of popular strength and public sympathy were ever offered to cheer us on in this work, so replete with good to our species; and nought but the curling lip and the air of self-complacent superiority has ever been discovered among the mass of the profession, to strengthen our hands in the *self-sacrificing* undertaking. The aim and end of all our desires have been the improvement in the profession of our choice and the amelioration of the sufferings of the human family. And if we shall but succeed in wresting from the grim monster's grasp, the victims of one fatal disease and placing it on the pages of recorded time, we shall feel amply repaid for the sacrifice made; and I here say, once for all, that no blandishments of professional pride shall influence my purpose and no fear of professional neglect shall deter me from its faithful prosecution. But to the subject:

The Thompsonian system and its principles are readily defined; and the theory of its essential character is plain, simple and easily comprehended.

Whatever improvements may be claimed, by those who have been ardent in their admiration of this system; and whatever of transformation it may have undergone in the hands of its oracles of the present day, it must still be acknowledged that in regard to simplicity of character and sameness in practice, the original doctrines of Samuel Thompson, are still unrivaled and bid fair to be so in all coming time.

"Heat is life and cold is death," Terms comprehending the whole range of Physiological law, in all its multiplied varieties and character in the one instance; and in the other and equal solution of Pathological phenomena and their anatomical peculiarities and locations. Whether it be an acute and active inflammation of the mucous coat of the stomach, or a low and fatal congestion of the brain; whether it be a highly exalted state of nervous sensibility, or a benumbed and paralytic condition of the same parts it matters not; all diseases are produced by the same cause and requires one general remedy. A theory and practice at once bold and perspicuous; originating from an unlettered intellect, and clearly based upon the ancient dogmatism of the four elements. It was announced and followed up with great assurance of truth; and the application of remedies to sustain the position was maintained with a persevering devotion well calculated to command respect; and I should feel, I was doing violence to truth, if I did not acknowledge the belief, that he was honest in the conviction, that he had literally made the discovery of the nature of disease and the appropriate remedy for its removal.

The success attendant upon his practice and the numerous proselytes made, most forcibly impress the conviction upon my mind, that if he had had the intellect of a Brown or a Rush, to

have given direction to the theory, and modified the application of the remedies to the real requirements of the system, in accordance with Physiological law, if he had not entirely supplanted the old system, he would have shaken it to the very center.

Though I am very far from believing that the system, as promulgated by Thompson, or as modified by his followers, is adapted to the necessities of disease in all its modifications, I am nevertheless free to admit, it has done much good, and upon the whole Dr. Thomson is a benefactor of his race. That Lobelia is not the harmless remedy under all circumstances and in all constitutions that is boldly asserted by Dr. Thomson, I have had abundant evidence to prove, and that it is not the poisonous narcotic, and therefore so generally unsafe, as taught by the books, I have had equal and satisfactory proof. That red pepper is the appropriate and congenial adjuvant, in all forms of disease, whether it be inflammation of the stomach or a bruise on the surface is equally at variance with experience. And on the contrary, that it can be applied as generally as inculcated in any case of an inflammatory character without detriment to the disease, none we believe who have watched its effects will venture to assert.

The convictions of every careful physician, who has observed with disinterested motives the effects of the remedies brought into use by Dr. Thomson, are that those remedies subserve a valuable purpose in the treatment of disease. And in the hands of one skilled in medical science, are calculated to fill an important vacuum in the class of remedial agents, to which they properly belong.

Let it be said that Dr. Thomson did not discover Lobelia or Cayenne Pepper. It is true the articles were known, both in the vulgar and scientific world. In the former as the Indian Tobacco, the effects of which were mainly recognized as producing the slobbers in horses; and in the latter as the Lobelia Inflata, belonging to the natural order Lobeliacea of Linnæus and no farther. And to Dr. Thomson, is due the credit of having brought into notice a valuable remedy, since become officinal.

As well may it be said of most other important discoveries and improvements, because many facts or even most of them were known before, that the individual who collected, combined and put into practical shape, what was entirely useless, is not legitimately entitled to the credit.

That the thorough and complete evacuation of the stomach, and the attendant shock given to the whole system, by the use of the Lobelia, may frequently be productive of good, that few, if any other remedies can equal, it is but justice to acknowledge; and that the steam or vapor bath, may do much to equalize the circulation, and thereby aid in the removal of visceral congestion, is by no means awarding under praise, to this remedial agent, though it may often be applied without relief.

I have, nevertheless, yet to see the philosophy that can offer a satisfactory reason for the application of these remedies in all disease; while in the whole range of twenty years observation nothing has ever yet occurred to give the least strength to the position assumed by its *friends*. We here rest the case.

The Hydropathic system has far less of positive, but infinitely more of negative merits to recommend it to the consideration of its votaries.

It is not a little remarkable, these two systems, notorious alike for the persecutions their authors met with at first, should have been promulgated by unlettered and ignorant individuals, and in both instances as is by them affirmed, suggested to their minds by what appeared the necessity of their own experience.

In the one instance, the peasant of Graefenberg was seriously injured by a runaway team, resorted to the application of cold water, and rapidly recovered; while in the other the children of the mechanic of Massachusetts were sick, with what was fatally prevalent in the vicinity, an epidemic fever, and he resorted to the use of Lobelia and steam, and they got well.

In the one instance the entire neglect of medicinal appliances and the most complete reliance on the recuperative energies of the system; in the other the most active medication producing a violent state of perturbation, as though the whole case rested in the hands of the prescriber, or the disease and the remedies met in violent and doubtful conflict.

The claims of hydropathy rest mainly on hygienic measures, and the free use of water both internally and on the surface. Nevertheless, it has been productive of good in many respects. It has opened the eyes of the profession, to the important consideration of nature's resources, in the treatment of disease and awakened in the public mind, an honest distrust of the heroic measures so much relied on by most of the profession.

It has done more. It has given the people of means and of leisure, made dispeptic or nervous by violence to constitutional law an opportunity to learn, what no other teaching would do, the observance of the physiological laws of the system, and habits of regularity.

It certainly is not saying too much in its praise, to admit it is capable of doing much good; while, on the contrary, I may be allowed the opinion, that it is incompetent of itself, efficiently to meet all the demands of disease. It is, therefore, to the truly eclectic of the profession, that we may look for its truthful and beneficial results.

The uniformity, in the application of hydropathic and Thompsonian treatment, implies, without a question, the inutility of scientific acquirements, or a knowledge of the anatomy of the human system, or its laws. This, perhaps, need scarcely be said, since the founders of both laid no claim to either; and,

where shall we look for a proper exposition of a system, if not to its founders. To them we unconsciously look; to them its votaries appeal, and to them the invalid flies, as to the fountain-head, for relief. Hence, the throng of annual visitors, far from their homes and their friends, "across the ocean wave" to find relief at the hospital of the celebrated Priessnitz.

The Homœopathic system comes from a very different source, and clothed in a vastly different habiliment. It emanates from an enlightened and educated mind, restless in restraint, and familiar with the subtleties of the philosophy of the times.

That Hahnemann was mistaken in the first experiments he made, and that the phenomena claimed to have occurred, were accidental concomitants, has since, in many instances, been most satisfactorily determined.

He says, that having taken some Peruvian bark, which produced a paroxysm of intermittent fever, he was struck with the circumstance, that the substance employed for the cure of intermittents, should occasion a similar disease in a healthy person. It was this accidental circumstance that led to the fundamental doctrine of his system, *similia similibus curantur*. I have said he was mistaken in this; and to this assumption, I put in my own personal protest, having taken both bark and quinine in large and small doses, and this repeatedly, without ever experiencing a symptom of ague from either. It has been done, too, in perfect health, with an honest desire to arrive at truth. And to the same end, under similar circumstances, we have, from as good authority as Dr. Hahnemann himself, that it has utterly failed with others who have tested it. We are sometimes told, that medicine should be administered in large and sensible doses, in order to test their action on a healthy individual. Such was the case in his first experiments with Peruvian bark; then, again, it is said, they must be almost infinitely attenuated before their properties will be felt. Such were Hahnemann's experiments with flint, or pure silex. He first administered it pure, in grain doses, then in one hundredth parts without any effect from either. But, he proceeded with his experiments to the billionth part of a grain, and still further, before he discovered the least effects on the healthy subject. But after getting beyond the power of the imagination to comprehend the proportion, it became too powerful in its effects to be borne.

Here, then, we have an assumption totally at variance with all known laws and all established properties of matter; that the less the quantity, the more powerful its influence; and the greater the attenuation, the more sensible its effects. I must here ask in all candor, if there is an imagination so attenuated, a credulity so exalted, or a refinement of intellect so modified by reflection, as to adopt a position so at variance with the palpable laws of matter, and so repugnant to common sense? It may be said

that nothing is impossible with the Deity; but the days of miracles have passed, and matter is governed by laws. It may be urged by some, that the doctrine of Homœopathy does not imply this infinitesimal dose, and that the essential doctrines are found in the principle of *similia similibus*. To this I reply, that though this principle was early assumed by Hahnemann, he nevertheless predicated this doctrine essentially on the experiments made with infinitesimal doses, and so recommends it to his followers, and the world. But let us for a moment analyze the principle advanced, and see to what it tends.

It is an essential and fundamental point of doctrine, that diseases are cured only by medicines which have the power of causing similar diseases in healthy persons.

Upon this principle, a healthy individual exposed to malaria by a night ride, or living in an infected district, would only have to imbibe more of the same influence and be cured. Bark will produce the ague, says Hahnemann, in a healthy subject, and will also cure when taken for it. Upon this principle, too, expose a person to the small-pox, and after the disease is developed another less exposure will cure him. Thus, too, of any other disease. But we may be told that it is not positively the same disease that is to be cured, but one that only resembles it. I answer, if a physician is called to prescribe for a case of the itch, how shall he discriminate between the genuine disease itself, and one that has been produced by a dose of sulphur.

If sulphur is capable, as we are told every body knows, of producing an eruption similar to that of the itch, why are we not told in what it is dissimilar? or in what that difference consists? The truth is, we are intended to be made believe, that no distinction or difference can be recognized. And, if this is fact, and it is essentially the same disease, then the argument first advanced applies with force. In confirmation of this position, I would remark that we are vauntingly cited to the vaccine eruption as resembling small-pox, and, that by it, the susceptibility of the latter is destroyed. But by what process of reasoning this can be applied to sustain the Homœopathic law, I am at a loss to determine.

It is well settled that the vaccine virus is nothing more nor less than small-pox poison, essentially modified by passing through the system of another species of animals, so as to become harmless to the human being, and equally protective when successfully used. But the admission and claim set up on it, is proof conclusive that we are to understand by a similar disease, one requiring the same course of treatment. If this be so, then the argument runs through the whole catalogue of disease. If a person has burned the hand, hold it to the fire and have it cured; if a child has filled its stomach with green and crude substances, and has the colic, give it more of the same, and it will get well;

if your child has been exposed to measles, and taken it, give another slight exposure, and it is cured.

But to another point. It is generally agreed that remedies, when applied to the healthy subject, produce a train of symptoms uniform and certain. This is Hahnemann's doctrine; then, of course, we should have recommended, and that uniformly, a single remedy for a train of symptoms; and, of course, the same remedy could not be applied for any other set or combination of symptoms. Now, what do we find in the Homœopathic works?

Take, for example, Belladonna. We find it recommended in inflammatory fever "where there is great heat in the head, with violent cephalalgia, particularly in the forehead, and redness of the face, distention of the arteries of the neck, &c." Six globules of the 3d dilution in one ounce of water, one-fourth every 4 hours. Now mark these symptoms:

In scarlet fever, "the specific should be administered as soon as the throat and tongue becomes dry and burning, and there is a desire and a complete inability to swallow even drinks or the saliva, and the throat presents a bright, red appearance." Dissolve 6 globules of the 3d dilution in six teaspoons of water, one every 4 hours; one-sixth of a millionth part of a drop every 4 hours. Compare these symptoms with the foregoing.

It is also recommended in the advanced stage of the same disease for the following symptoms: "Puffiness of the face, swelling of the hands and feet, lingering fever in the evening, chaps about the mouth, stammering, &c."

It is likewise prescribed for "toothache, when the pains are very severe, of a drawing, tearing, or shooting character," &c.

Following it along, we find it indicated in "flatulency, in which the transverse section of the colon is the particular seat." But, says the same author (*Hull's Laurie*), where the flatulency occurs often (making no distinction of symptoms,) we must resort to the tincture of sulphur; 1 drop of the 30th potency.

We will pursue the subject a little further. The same authority recommends the belladonna for hemorrhoids or piles, "accompanied with an insufferable pain in the sacral region, as if the back would break, or be rent asunder."

What analogy or connection between so severe pain in the back and sore throat, or flushed face, or tooth-ache, we are not shown. Also, for "inflammatory cholera, or symptoms of inflammation of the abdomen."

In acute inflammation of the liver, when the following symptoms occur: "Oppressive pain in the region of the liver extending to the chest and shoulders, distention of the pit of the stomach, &c.," in doses as before.

What analogy of symptoms! Belladonna is prescribed for almost every disease, as a part of the treatment.

Now, the pathogenetic symptoms of Belladonna, according to

their own showing, do not embrace half the symptoms here enumerated, and for which this remedy is recommended. We can follow this parallel to almost the entire catalogue of Homœopathic remedies and prescriptions. We even find the same remedy applied for entirely opposite states of the system: as *arnica* for spasm of a particular set of muscles, and then again for relaxation and debility of the same in a different disease.

Then, again, we have remedies recommended as powerful and heroic, diluted or attenuated almost to infinity when, perhaps, the individual is taking in his daily food or drink, the same article in very sensible quantities.

Hahnemann recommends common table salt diluted to the decillionth degree, or so small a portion of a single grain that the mind is lost in its efforts to comprehend the proportion, while the same individual is taking in his daily drink or food the same article in sensible and positive quantities, sufficient to last the whole medical world for all their patients a century, and he says "that thus diluted it can only be administered to patients with the greatest caution."

It is a well established fact, that the blood, in all the conditions in which it has been examined, contains a considerable amount of salt or saline ingredients, more by far than could be got into the system, in the doses and at the periods spoken of by Hahnemann, during the existence of the longest life. And yet, we are told and desired to believe, that when thus used, it becomes an efficient and reliable remedy in disease. But we are not informed, in what way, the addition of this infinitesimal and unappreciable quantity when added to a sensible and definable amount, going the rounds of the circulation, and finding its way to every organ of the body, whether diseased or not, can be made available, by "nature's handy work," in the cure of disease.

Remedies are also prescribed of the most inert character and only found effective when diluted to a vast extent. To this end common flint or *silex* is used. Hahnemann says, "that when a grain of flint was triturated with a hundred grains of the sugar of milk and raised to the first developement of power, it produced no effect." "He took a grain of the first trituration," which of course contained the hundredth of a grain of the pure flint, "and rubbed this with an other hundred grains of sugar of milk, elaborating it to the second power. It still had no effect. Taking now a grain of the second trituration, he raised it to the third power. It still produced scarcely any effect on the healthy subject, and the little, which it did produce, could scarcely be confided in. It was then raised as high as the sixth power; and in this state of high developement, every grain contained but the billionth part of the original matter first submitted to experiment. "But now its energies were developed and displayed so penetrating and powerful an influence upon the healthy subject of experiment,

that the trials with it, appertained to the most difficult and assaulling." So that higher developments were obliged to be made for experiments; and for remedial purposes, the developements were continued up to the thirtieth power. Here are two important statements made by Hahnemann himself.

It is stated that the first and second dilutions produced no effects; but the sixth attenuation was so powerful that it had to be carried still higher before it could be borne, while it is afterwards affirmed that the process of trituration too long continued, the energy of the medicine becomes too intensely raised.

Now by what process of reasoning can it be shown, that a medicine in a mildly diluted state is positively inert; but in a state of greater attenuation becomes too powerful and has to be further diluted to be used. Nor is this all in this statement, that taxes my credulity. That a substance, so entirely inert, as far as ordinary tests can show, can be converted by inverse multiplication into an active agent it is difficult to believe and the rational conclusion that a sound mind must inevitably arrive at, is that the whole story is a mere romance, based on assumption.

Though not as apparent, yet as satisfactorily demonstrable is their error in practice, in many other cases that might be cited, of common occurrence.

The cause of disease, is rarely if ever made a subject of enquiry in their books and, therefore, not taken into consideration, in making the prescription at all. If a child was laboring under great constitutional disturbance, with high fever and derangement of the bowels, with many other singular symptoms, from the irritation of a single tooth, all of which every practioner has seen relieved, as by magic, by scarifying and letting it through, the homœopathic rule would require a little Aconite, Belladonna, Pulsatilla, Chammomilla and the like, and wait the slow process of allowing the dental growth to relieve itself.

In like manner, if an individual had taken an inordinate meal, and produced a severe pain in the stomach, a slight chill, followed by febrile reaction and other unimportant and common symptoms, instead of administering an emetic and relieving the suffering organs at once, and consequently all the attendant symptoms, the Hahnemannian direction if it really followed the law of *similia similibus*, would be to administer a little more of the same food. But if it followed the ordinary rule of their authorities and overlooked the cause, we should find the patient put upon the sixth potency of Aconite, Belladonna, Hyoscyamus, Mercury, or perhaps Pulsatilla &c., awaiting the slow process of nature's cure.

I might detain you by referring to nearly the entire catalogue of disease; but enough has already been said on this head. I will simply remark, in this connection, that the only true doctrine of all rational treatment, must always have reference in prescrib-

ing for disease, to the cause that produced it. In this, I appeal to facts; to the common sense of every individual and to the experience of all those who have made this their polar star in the treatment of disease. In this no traditional science need be invoked nor the musty lore of the dark ages exhumed to sustain us; in this no far fetched philosophy need be appealed to; nor the concatenation of dogmatical propositions recited to make it clear. But to this the sober second thought of the whole world *must eventually come*.

I hope not to be misunderstood in my views of the merits of Homœopathy. While I claim to have investigated it, with a pure and hopeful desire to glean from its refined theories and attenuated medication, positive and efficient means, in addition to those already in possession for the alleviation of disease, I am frank to acknowledge, I have found many things worthy of great consideration. While it has more clearly demonstrated, than was ever fully done by any of its predecessors, the *vis. medicatrix* of nature, and thus shown to the world, and the profession, the enormous abuses that have been the bane of the old school system, in their routine practice, it has brought to light many hygienic rules that will be of lasting benefit to mankind. It has, with other means opened the eyes of the world to their own wants, and brought out many of the aged and experienced in the profession to a frank acknowledgment of the true resources of the art.

Though the medical practice which it professes to teach, and the theories of disease it claims to have discovered do not imply the necessity of either anatomical or pathological enquiries; yet the dietetic rules generally prescribed, presuppose a physiological intelligence based on those two departments of medical science. Hence, we have generally found in their ranks men of some scientific acquirements and professional information.

Is it, then, upon the whole, a system of medical truths and medical practice, reliable and efficient; to be recommended to the world in the emergencies of disease, and upon which, the honest enquirer after truth can base his hopes? To this I have not the least hesitation in giving a most decided and negative response. Let the experience of sound and intellectual minds be invoked, and let the attenuated theories and speculative abstractions upon which its very existence depends but be critically examined, and it will suffice.

We come now to speak of the Old School System, as it is called; a system claiming for itself *all* of the science, and *all* of the respectability, as well as *all* of the rights and emoluments pertaining to the entire profession. And if, in the progress of the age, an honorable member of the profession claims to have made a new discovery, or an important improvement by which the progress of some fatal disease may be staid, and the suffer-

ings of his race essentially ameliorated, and promulgates to them and the world at large the important truth, he is pointed at as a heretic, and deprived the privilege of social communion with the drones in the profession. Through the long series of by-gone years in medical history, such has been the uniform practice in all sections of the world. Thus fastening to the car of the sluggish masses of the profession, the active and inventive spirits of the times, from whom alone "hope gleams from afar" to bring relief. I appeal to the history of the science to sustain the assertion. Let the spirits of a Harvey and a Jenner be called up, and the testimony of a Forbes, a Dickson, and a Beach, with ten thousand others of the profession be invoked to sustain the case.—What are its rights, and what its claims upon the confidence of the world for stability of character and scientific truth? Its ephemeral theories and unstable practice are but a fair answer to this interrogation. The observation of Thomas Jefferson, though not a medical man, is entirely to the point, and it is but a fair statement of what other observing minds every where have concluded.

He says: "I have lived myself to see the disciples of Hoffman, Berhaave, Cullen, Stahl, and Brown, succeed one another like the shifting figures of the magic lantern;" and the practice predicated thereon, of course, as evanescent and changing as its sister, theory; and we, of the present time have, most of us, witnessed one entire revolution in theory and practice of disease; while we are, at this very moment, on the last quarter of the full moon glory of a fast fading system. Where is the practitioner so wedded to the past, so tenacious of early practice, and so uncompromising of change, as to risk his reputation or the lives of his patients on the practice of twenty years ago?

But while thus mutation and revolution stand forth so conspicuous in the history of the science, we have the most clear and conclusive evidence of the empirical and routine practice, connected with the reign of each, that can possibly be desired; thus showing the more than autocratic influence the leaders have upon the throng. In what system of medical practice, or in what newspaper puff or empirical advertisement, can we find greater uniformity of remedy or sameness of practice, as far as what is considered the essential remedy is concerned in the treatment of disease, than is to be found in the leading and standard works of the now waning system of practical medicine—a system which, though it be recited in classic style, mixed up with the varied learning of its authors, and beclouded with all the qualifications of supposed conditions and attendant symptoms, yet when stripped of its gaudy plumage, and shown in its nakedness and truth, will exhibit a more universal application of a single remedy for all the "ills that flesh is heir to," than can be found in any system considered of an irregular character. Look through the

long catalogue of diseases, and you will find one remedy prescribed for nearly all of them, especially for diseases of children. If it is the jaundice, as a matter of course, a small portion of calomel must be taken; if your child has irritation of the bowels, from teething, no remedy can as speedily divert it by setting up a similar action in the liver, as calomel; if costiveness is found to exist, it is dependant on biliary derangement, and no other remedy will reach that organ but calomel.

In Remittent fever, the universal teaching is, that the patient is bilious and Mercury is the specific.

If congestive fever, nothing will unlock the portal circulation equal to Calomel, and your case is fatal without it.

If it be catarrhal fever, a more searching remedy for diseases of mucous membranes cannot be found and Calomel must be given.

In nearly the entire range of eruptive fevers, without any attempt at explanation, we are advised to administer Calomel.

In typhoid fever, its substituting influence must be brought to bear on the case, by way of slight salivation, or the patient is in danger.

Whooping Cough can be greatly modified by repeated small doses of calomel.

In short, if it is not recommended, it is the exception to the rule; while the principle, that runs through the whole is to administer calomel. Where, I ask, can be found a more systematic routine, or in what a more empirical practice? Fidelity to a single empirical remedy is the unbending rule, while the purity of faith, is belief in its use.

It has, in short, become the only test of respectability and standing, that you are constantly in the habit of administering calomel. By it, you are adjudged worthy or otherwise of professional courtesy and by it alone, will you be admitted or rejected from social communion with the members of the profession.

Professional or scientific attainments are not made the subject of enquiry, nor the moral character of the individual taken into the account, in the consideration of credentials for membership, in the medical conventions; while the profoundly ignorant of real science; the clod hopper of yesterday and the dregs of immorality and crime are admitted to full communion, if they but acknowledge their fidelity to the empirical remedy used.

It matters not, that they have never seen the inside of an Institution of learning, or have never witnessed an Anatomical demonstration or heard from the lips of their high priests a single lecture; if they are not suspected of infidelity on the subject of calomel, they are offered, at once, the right hand of fellowship.

While, on the contrary, though a man's acquirements are of the first order, literary and medical; bearing the credentials from the best Institutions of our country, and possessed of all the moral

qualities of a gentleman and a christian ; if he is not true to the faith, he can have no admittance. He is branded with "*quack*" by the fraternity and thrust from among them.

Are these things right? Are they befitting a liberal and honorable profession? The good sense of every intelligent mind will answer in the negative. The progress of medical science is retarded, and the lives of community are sacrificed on the altar of professional ethics, enacted for personal considerations and pecuniary interests.

"All men are created free and *equal*" is a declaration worthy of universal remembrance, and shall we be told that this Physician, or that one, shall dictate whom we shall employ when sick? Or that if we see fit to send for another, without his approbation, he will withdraw from the case, and refuse to have anything to do with it—and forever thereafter exhibit the scorn and neglect of one whom otherwise we might have regarded as a friend and companion?

Would you, therefore, under such circumstances, dare to disobey his rule, though from observation made in other cases, you have much reason to believe your darling child or your beloved companion, might be relieved?

"Where is the man so bold, so out of love with life, to dare the weight of this *uplifted spear* that never fell innoxious?"

What is often the result of this professional tyranny? Lives may be sacrificed, and friendships forever severed, to gratify professional pride or sustain professional ethics.

Suppose a physician of science and skill was called to see a patient, and when there, finding in attendance an individual ignorant and unqualified to treat the case? He wraps himself up in his own rights, and with self-complacent superiority and disdain refuses to have anything to do with the case, unless the other is discharged. Delicate, perhaps, of the feelings of him in attendance, who has manifested great anxiety and shown becoming solicitude for his patient, and ignorant alike of what constitutes true skill in the profession, and of the rules that have been made for such cases, they refuse to submit to the requirements made. The patient dies. But, by a little condescension, a mild and amiable deportment; an ingenious and skillful inter-course; a conciliatory and familiar talk; without a sacrifice of principle or an unbecoming finesse, the entire control of the patient could be obtained, without offence to any, and the life of an individual saved, valuable to himself, and far more so, perhaps, to a hopeless and dependent family. Nor is this all; for, while the gentlemanly bearing, the skillful and successful administration inspires confidence in the one, it to the same extent weakens their traditional faith in the other. The ignorant pretender is worn of his influence, and retires from the scene with quiet and secret admonitions, that he is not competent to practice medicine.

Who, I ask, is responsible for the loss of life that might have been saved? And who, for the consequences of orphan children and disconsolate companions and friends?

What is gained to the profession by this assumption of dignity and professional rights? Or what compromises of character, and inherent principles by thus bending to the necessities of the case, and dealing with poor frail man, as God has made him. It may be true that, by so doing, an opportunity is lost for an exhibition of that belligerent spirit, and ethical dignity, for which the profession has always been so renowned in history, from its earliest times; but the unlettered masses, as in such instances, have always borne the consequences of this stoical and haughty course.

But again, suppose he is called to see a patient of another physician, as well informed and competent to practice medicine as himself. But not of the regular order. He perches himself upon his professional ethics, folds his arms with great dignity and pride! and says, "I am of the *ancient faith*," and, therefore, cannot consult. But for various considerations, the change is made, and the newly called physician takes charge of the case and the other retires. He has not seen the effect of medicine, nor watched the changes that have taken place, and cannot possibly appreciate the exact condition or the toleration of medicine which the case will bear. He administers his medicine; the patient gets worse and shortly dies. Sacrificed clearly for the want of that knowledge which a little familiar intercourse with the attending physician would have readily afforded. I ask again, who is and who ought in practice to be held responsible for the life of the patient?

It is this intolerance of character that the world has a right to complain of, and which has done much to retard the progress of the profession, and deprive its members of much of usefulness to mankind.

We have no quarrel with the members of the medical profession. But their ethics and medical theories and practices are what we do complain of, and what the world at large, have a light to be dissatisfied with.

It often happens that this intolerance induces physicians of no very high pretensions, to imitate their leaders, and refuse to meet in consultation the graduates of other schools which are not enlisted in "the regular army." Sometimes by resolutely maintaining their conspiracy they may for a time injure the reputation of a professional rival better educated than themselves, and far more competent to treat disease. But when an intelligent public observes the superior success which attends his practice, the reaction against his unfair opponents, sinks their reputation beyond recovery, and as they have voluntarily cut off all social intercourse with their professional rival, and denounced his measures, they can only witness his successful cures without any op-

portunity of learning his methods of treatment, and profiting by such experience. It has often happened that those who have set out with such an exhibition of uncompromising intolerance have been compelled in the end to abandon the scene of their disgrace without even the recompense of learning the improvements by which they were supplanted.

Would it not be more safe and more sensible, as well as more dignified and honorable, when physicians of different schools meet in practice, who are alike educated in all the standard knowledge of the profession, to compare their views in a friendly manner, and to observe with mutual candor the results of each other's practice, in order that the new and valuable improvements which either may have introduced, may become known to all, and the benefits of such improvements may be realized by the whole public.

To return to our medical philosophy. The practice of physicians time out of mind, has been based on the law of *contraria contrariis curantur*, the very opposite of the Homœopathic law. Now by a few moments reflection it will be seen that these two laws or principles may both be in operation, and both in one sense may be true.

If, for example, you have a case of local congestion in any organ of the body, there, you will perceive, is an obstruction in the circulation. Now, the remedy calculated to give relief must, of necessity, in its action, be the opposite of the action that produced, or that constitutes the disease; while, at the same time, it must be calculated to act in consonance with the healthy function of the organ involved in the case: so that we have in this, a clear demonstration in the one view of *contraria contrariis*, and in the other, of *similia similibus*. It will therefore be seen, that both are right and both are wrong;—while the truth will be found in the doctrines of genuine eclecticism: that all chemical and mechanical forces have to be met with an opposite power, while all the phenomena of vital action require a corresponding, yet opposing force or influence to cure disease. And that every organ of the body, when diseased, has its appropriate stimuli, and every cause of disease its specific antidote for its removal.

This brings us to the last subject, upon which I will endeavor to be brief.

In what does Eclecticism consist, and what are its claim upon public confidence for support?

The theory of its doctrines has been concisely stated, but will be more fully discussed in subsequent lectures before the class.

It claims the confidence of community for an enlightened selection from all available sources of every measure, which observation and experience shall prove safe and efficient in the cure of disease.

This we profess to do *without prejudice*, and without fear or favor, with an open and frank avowal that we spare no pains or expense within our reach to secure the object sought.

Whatever humiliating associations may be connected with the achievement of the measure to be accomplished, or whatever of contumely may be cast upon us by "*Old Physic*" or its supporters, we have steadily persevered in this course, and the result is known to those who have sought to be informed.

To be more explicit and to the point, I will remark, that among other instances of a similar character, there was living in New Jersey, an "*old quack, or root doctor*," who was celebrated, for many miles in every direction from his residence, for the certain and successful cure of bilious colic, and some other diseases,—especially chronic affections. A student of our college had been a patient of his after being given up as hopeless by his attending physicians, with bilious colic, and was very soon relieved and finally recovered. His parents lived some thirty miles from the old man, but on the strength of his success in this case, he had been sent for in other and similar cases in the neighborhood; and, thereby they became more intimately acquainted with him and his treatment than otherwise would have occurred.

Through his acquaintance thus formed with the family of this student, and from an attachment to him from the relations heretofore referred to, after long persuasion and various offers; and, especially as his patient was studying to be a physician with those not considered by the "*regulars*" as orthodox, he consented to give him a knowledge of his remedies, and his mode of treating disease, by his paying three hundred dollars. The amount was promptly raised, and the young gentleman dispatched to remain with the old man long enough to accomplish his object.

It was found that many of his remedies were entirely new, and most of his compounds were made up of those, with some others, not entirely unknown to the profession. Subsequent experience with the simple and new remedies, fully sustained all that had been said of them. And the compounds thus procured have, many of them, been standing preparations in our pharmacopœia ever since, and daily used by all our practitioners.

If we had but obtained the knowledge of the old man's remedy for bilious colic, double the amount paid for the whole would have been no consideration; nor have deterred us for a single moment. An efficient, safe and prompt remedy for a severe, obstinate, and often fatal disease, is a desideratum compared with which gold is but dross, and the labor, and toil and privations necessary to obtain it unworthy a moment's hesitation.

We claim safer and more efficient substitutes for that "*Sampson of the materia medica*," that panacea for human maladies; that abomination of the enlightened; the different preparations of mercurial remedies. We claim also to have made large contributions to the materia medica of new and important agents not before known and to have greatly modified the application of many old ones to subserve more valuable and important purposes in the treatment of disease.

We claim to demonstrate beyond a chance for cavil, a more successful result in those inflammatory diseases for which the Lancet is unsheathed and the loss of the vital fluid is considered the *sinequa non*.

We claim to have discovered important truths in the treatment of many diseases not taught in the books or disseminated from college halls.

We claim to have made distinctions in the character of a number of diseases of the most vital importance, and adapted remedies to meet the character of each.

We claim also to have made important discoveries in surgical practice, by which many diseases heretofore, considered incurable, without a formidable operation, and oftentimes incurable, with it are readily cured; thus saving to the patient great suffering and distress, at the same time perhaps an important member.

And we claim the confidence of community for as thorough and scientific acquirements in our graduates as in those of any other college in the country.

In short, we claim, as high respectability of character and as thorough scientific acquirements in our profession; far safer remedial appliances and many new agencies in disease; a more successful result in practice; new views of therapeutic medicine and important improvements connected therewith, to so great an extent that, if the old and new system of medical practice were placed in juxtaposition a striking contrast would be observed in all their leading features.

WATER IN SURGERY.

BY T. B. FISHER, M.D.

I have been an attentive reader of the Eclectic Medical Journal, ever since its commencement, but have never contributed anything to its pages for the reason that I supposed its talented editors would be able, always to procure more useful and interesting matter than anything I could impart; but after perusing an article in the Nov. No. for 1851, "On the employment of Water in Surgery," I could not resist the temptation of contributing my testimony, however unimportant it may seem, in favor of a practice which I have followed for the last 12 years, with great satisfaction to myself at least, and I believe to my employers. I have seldom used any other remedy than water, to control and subdue inflammation. Whether from bruise, strain or dislocation, punctured or incised wounds, fracture, either simple, compound, or comminuted, that inflammation may start, water is the most efficient remedy either to prevent or subdue it,

that I have ever tried. The rule to regulate the temperature of the water, to suit the feelings of the patient is generally correct; but according to my experience tepid water is best to prevent, and generally to subdue inflammation, if it is of recent origin, or has not assumed too high a grade. Otherwise, cold water is more agreeable and generally more useful in effecting a cure.

Perhaps I can better illustrate my treatment and the success which has followed, by reporting two or three cases of injury dissimilar in their character, but treated in a similar manner.

CASE 1st, 1841. A young man aged 20 years, cabinet maker, residing in town, wounded his knee with a 2 inch chisel, I found on examination that the chisel had penetrated the inner and anterior portions of the left knee just at the lower edge of the patella or knee cap, completely severing the soft parts, including the capsular ligament, but inflicting no injury to the bones. On opening the tips of the wound I could see distinctly into the joint, and observe the motion of the ends of the bones upon each other when the leg was moved.

Treatment. I sponged the wound with cold water for half an hour, while the hemorrhage (which was slight,) had entirely subsided, then placing the limb in an easy position (slightly flexed) I closed the wound and secured it with the izingglass plaster. No farther dressing was applied at that time, but I directed the nurse to wait until the patient complained of a slight prickling sensation, with darting or shooting pains through the joint and increased warmth, and then to apply cotton batting dipped in water about the temperature of arterial blood, over the whole joint, covering the whole with oiled silk, and removing the application every 20 or 30 minutes, taking care to keep the water as near as possible the same temperature. About two hours after I left, the train of symptoms which I had predicted commenced, and the nurse applied the warm water dressing, and faithfully kept it up for 24 hours, as the friends were greatly alarmed lest the young man should lose his limb, or at least the use of the knee joint for a considerable sinovial fluid had escaped, or as they styled it, the "joint water had run out."

After the warm water dressing had been applied for 24 hours, I examined the limb and found no swelling, discoloration, or other evidences of inflammation whatever—the wound appearing entirely healed, but fearing that the union of the parts was not perfect, I directed that the same treatment be followed for twenty-four hours longer, and that the limb be kept entirely quiet. At the end of this latter period the young man declared himself entirely well, said there was no pain or soreness, and that he could move his limb with perfect ease. I found the wound entirely healed, and therefore, discontinued the treatment, leaving on the izing glass plaster as a support and protection, and enjoined upon him to keep his room for several days. Contrary to

my advise on the evening of the fourth day he walked a considerable distance from his lodgings, and on the morning of the sixth day, after the infliction on the wound he started on horseback, and traveled to Athens county a distance of 150 miles, but without the slightest injury whatever. He is still living, the wounded limb as perfect in all respects as the other, and he, and his numerous friends will cheerfully bear testimony to the truth of the above statement. No constitutional treatment, whatever, was used. The young man enjoying good health, I did not think it indicated, but limited him to plain vegetable diet.

CASE 2d, a boy aged five years. In the summer of 1845, I was summoned into the country three miles, to set a boy's leg, which was fractured by the wheel of a wagon passing over it, as the messenger stated.

On repairing to the house I found the little patient in great pain and very restless. I administered to him an opiate, and then learned the following facts:

A widow lady and her little boy, were returning from a meeting on the sabbath, which was held about a quarter of a mile distant. The road was filled with people and was very dry and dusty. The little boy anxious to get home, had run ahead of his mother, and when nearly opposite his home, attempted to cross the road just at the moment one wagon was driving past another, the driver not perceiving the boy he was run over, the wheel passing obliquely over the left leg from the inner portion of the ankle to the outer side of the knee, crushing both bones of the leg, lacerating and bruising the soft parts most frightfully.

Your readers can perhaps form some just conception of the amount of injury, when they reflect that the boy was but five years old, the ground very dry and hard—a heavy two horse wagon, with a new sharp tire, and loaded with eleven men and women, driven very fast, at the time the wheel passed over the boy's leg. My first impression was, that amputation was the only remedy, and I therefore demanded a consultation. Dr. C. Lewis, of Delaware county, and my friend the late Dr. John C. Norton were called in, and after a careful examination of the case, taking into consideration the age and health of the patient together with the entreaties of his mother, we resolved to make an effort at least to save the child's leg.

We accordingly washed the wounded limb in cold water, carefully removing all foreign substances, picking out the splintered portions of the crushed bones, and trimming off the ends of the bruised flesh and lacerated tendons. We next drew the wound together with the common adhesive plaster cut in the form of the 'many tailed bandage,' over which was placed a bandage tightly drawn around the foot and ankle, but loosely over the fractured limb, enclosing a light splint on either side of the leg, to support the foot and keep it from topping over in a lateral direc-

tion. I informed the consulting physicians that I expected to use the tepid water dressing to keep down inflammation, to which treatment they reluctantly consented, agreeing to meet me there the next evening to see how it operated. As there had been some delay in dressing the leg of the boy, and as he complained of some pain, I directed the warm application to be applied immediately. Cotton batting was wet in tepid water and applied over the whole limb, and then covered with oiled silk to prevent evaporation. The nurses were directed to renew the application once in twenty minutes, for the next twenty-four hours, or until we returned. From some cause the consulting physician did not meet me until the second day after the accident, so I continued the same treatment for forty-eight hours, when we all met and removed the dressings and applied new ones. We were all agreeably surprised to find but little swelling or inflammation, supuration having already began. The boy had rested well, with a single Dovers powder each night, and a dose of epsom salts the second day. The consulting physicians very cheerfully recommended the continuance of the treatment, and from that time on, I had the entire control of the case; I followed the same treatment for three days longer, making five days in all, at which time supuration was fully established, and the swelling and inflammation had almost entirely subsided. I visited the patient every day for two weeks, and then each alternate day for two weeks longer, washing well in tepid water each visit, and dressing it at first with simple cerate then with Dr. Beach's Black or healing salve. At the end of four weeks the bones of the leg had become pretty firmly united and the wound nearly healed so I discontinued my visits, leaving him in the care of the nurses. A short time afterwards a small portion of bone exfoliated and came out, after which the wound entirely healed and the boy now has a sound leg, although a trifle shorter than the other.

I had intended to have reported some additional cases but having already transcended the limit, I had assigned myself, I will defer for the present any further report, observing that my opinion is, that when water is applied to any local disease at the commencement of inflammation, (the water about the temperature of arterial blood, and the parts protected from the air,) it will soon control it, that no dangerous results need be apprehended.

|| *Marion, O., Nov. 1851.*

EPIDEMIC DYSENTERY.

BY J. A. WILLIAMS, M.D.

I was sitting, a day or two ago, thinking of the epidemic which has passed over our country, with the fatality of the simoon of the desert, for the past season or two ; and thinking that my experience might be of some use, I concluded to put a few of my thoughts upon paper, and if you thought them worthy of a place in your valuable Journal, to give you the liberty of their publication. Not wishing to cast a shade upon the well earned reputation of any practitioner in the Eclectic ranks, I cannot help thinking that a great deal that has been said about the disease in question, is comparatively a dead letter. I say this, though, not with any intention of trying to gain favor for this communication, but from the fact that to follow the authors on this subject, will be almost certain death to the patient. This little portion of knowledge has been gained by me by sad experience.

This disease I believe to be the dysentery of authors modified by malaria. It differs from the dysentery of the books only in one particular, to wit : the paroxysmal character of the tormina, tenesmus, and the muco-sanguineous discharge from the bowels. These are usually for several days before the attack, symptoms somewhat similar to those that precede the attack of our common autumnal fevers. Sometimes, though rarely, the patient is suddenly struck down with the symptoms which are characteristic of the disease. But in all cases, as far as my observation extends, the careful practitioner could detect a paroxysmal character attending it. In some cases, there was extreme irritability of the stomach, which appeared to be caused by a species of congestion, as it yielded in all cases to the free use of stimulants. Cold hands and feet, and a dry, harsh and constricted state of the skin was almost always present. The attending fever was not of a very high grade, and in children, the disease was prone to run into inflammation of the brain, after which the disease appeared to be incurable.

In the practice of seven physicians, not including myself, the mortality has been about one half ; and in some cases, four out of every five died. In some parts not far from here, where allopathy reigns triumphant, and ignorance governs supreme, there was hardly a family that did not lose one or more of their members. My own practice extended to something near one hundred cases, with a loss of twelve. This I attribute somewhat to the use of *mercurials*, as I used them in a very liberal manner in the commencement.

Dividing my cases into four divisions, I find that in the first twenty-five I lost three—during the second I lost the remainder

of the twelve. After this I laid aside my mercurial and heroic remedies, and I lost none. Whether this discrepancy is to be attributed to the use of mercury, or to a milder character of the disease in question, I am not prepared to say; but it appears to me that I had some cases fully as bad at the wind up of the epidemic as I had at the commencement. Probably, among other things, I understood it a little better.

With regard to the pathological condition which constitutes dysentery, the majority of writers agree in considering it to consist in an inflammation of the mucous membrane of the colon and rectum. That inflammation may come on in the course of the disease, I am by no means disposed to deny; but that it constitutes the first link in the chain of morbid actions, I very much doubt. According to my own views, the disease may be divided into two stages, (Pathologically.) In the first, congestion predominates, and in very mild cases, this constitutes the only morbid condition; and in the second stage, inflammation of the mucous membrane occurs, constituting a severer form of the disease. This view of the case has arisen in my own mind, as I have observed the disease in its milder and severer forms during the past summer. A congestion of the hemorrhoidal vessels occupying the rectum may so fill up the passage, as to create the heat and straining of which the patient complains, and failing to be relieved, may not this irritation be extended along the course of the tube, giving rise to the tenderness of the whole abdomen. A hemorrhoidal tumour, or the presence of a suppository placed in the rectum, will give rise to a similar effort to evacuate the bowels. Why then may not a congestion of the hemorrhoidal vessels act as a foreign body, and give rise to the characteristic straining of dysentery; and this congestion also acting as a stimulus to the secretory apparatus, gives rise to the increased muco-sanguineous discharge from the bowels. This view of the disease is further strengthened by the fact, that after proper evacuations from the bowels, stimulating astringents are valuable curative means in the first two or three days, whereas they are positively injurious in the inflammatory stage of the disease.

An almost endless variety of medicinal agents have been used in this part of the country for the cure of dysentery—from the weakest vegetable astringent, to that potent agent, calomel, of which there has been pounds used in this part of the country. A belief existed in the minds of the people here, that doctors could not cure dysentery, and they put the evil day of employing doctors off as long as they had any domestic remedy left untried, which I believe increased the mortality, as physicians did not have a fair chance. The tenth and twelfth days of the disease were no uncommon periods for the physician to be called.

A very common domestic prescription was the following: Red-bud, blackberry roots, black haw root bark—equal parts—to be

boiled in half a gallon of water, down to a quart, then strained, and add sugar to form a syrup, and a half pint of best French brandy. Dose, a tablespoonful every hour until the bowels were checked—the bowels to be moved afterward with oil or salts, if necessary. This succeeded very well in simple cases, and was considered a specific by the people for awhile, but it failed entirely in the latter stages of the disease.

My plan of treatment differed; if called in the first or congestive stage, after suitable evacuations from the bowels with sulphate of magnesia, I ordered a stimulating astringent, combined with an opiate. The following formed a very good prescription: Tincture of Kino, one ounce, tincture of opium, one fourth ounce; mix—a half teaspoonful to be given every half hour until it checked the discharge from the bowels. This would remove all the bad symptoms in the course of twenty-four or forty-eight hours.

Sometimes instead of the above, I used the following, which succeeded well so far as tried: Castor oil, eight ounces, tincture of Kino, one ounce, tincture of opium, one ounce. This was well mixed, and a teaspoonful given every hour. The first effect of this prescription was to increase the action of the bowels; and after they were well evacuated, it had a soothing and checking effect. I hardly ever used injections in the early stage of the disease, as I invariably found them to increase the number of alorine evacuations, and add to the tormina and tenesmus. If I was not called until an inflammation was developed, as was most usually the case, my whole plan of treatment was changed. I then gave a teaspoonful of the following mixture every hour, until it operated lightly on the bowels: Carbonate of Magnesia and Cremor Tartar—equal parts—to be well mixed. As soon as I could perceive that the above mixture had operated, I commenced the following: Paregoric, one ounce, oil peppermint, one drachm—to be well shaken up, and given as often as the patient could bear it; or if this disagreed with the patient, I took mucilage of gum arabic, two ounces, laudanum, one fourth of an ounce—to be well mixed, and a teaspoonful given every time the patient had an operation. Along with the above treatment, I administered injections composed of borax or alum, dissolved in catnip tea; or mucilage of arabic gum. These injections were always ordered to be in small quantities, as a large one was found to counteract the object intended. If there was considerable pain in the bowels, a hot fomentation was directed to be applied, which generally relieved all pain and painful sensations, and procured a quiet sleep. As soon as the more urgent symptoms were relieved, I commenced giving quinine and morphine—two grains of the former to one fourth of the latter every two hours; and as soon as I could get the patient under the influence of the anti-malarial agent, I found the symptoms would rapidly decline.

I have the first patient to lose yet who was treated on the plan recommended above, although, as before stated, I lost twelve which were treated as recommended by what I considered good authority ; and I believe that this plan will prove successful in ninety-nine cases out of every hundred, if the patient is not too far gone to render all remedial means unavailing, and the case is not complicated with any other serious lesion.

Those cases in which the stomach appears to be affected, and in which hardly anything will stay with the patient, will be best combatted by the internal use of stimulants, and the application of a cup or two over the region of the stomach, without scarifying. Of this kind I had several cases, and they all yielded to the free use of brandy and loaf sugar. In one case, a lady aged about forty was taken down with all the characteristic symptoms of the epidemic, and on the second day, after excessive vomiting supervened, the stomach did not appear to be very tender upon pressure. Warm drinks did not appear to increase the tendency to vomit, and there was a constant sensation of burning in the stomach, and occasionally spasmodic twitching of the extremities. In this case, the brandy and loaf sugar acted like a charm, and relieved all the more urgent symptoms in a short time.

The tonic I thought indispensable, not only on account of its anti-periodic properties, but also from its well known stimulating effects; there was a time in nearly every case in which the disease appeared to be on a stand, the patient getting neither better or worse; quinine, if given at this period, generally acted well: it appeared to rouse the patient out of this standing still condition, and a change for the better was brought about in a very short time: the excessive action of the system had to be reduced before the quinine acted in a satisfactory manner; if given before this, it produced an injurious effect; given at a proper period, and when the system is properly prepared for its reception, I believe it, as before stated, to be all powerful as a remedial agent in the dysentery of malarious districts.

With the hope that the foregoing may be of some use, and with a wish that it may elicit something farther in reference to this disease, I will bring this communication to a close;—*not before stating, however, my cordial adherence to the Eclectic movement in future.*

Berlin, Ia., Dec. 7th, 1851.

The above renunciation of the mercurial practice has been made after a careful examination of the subject. Hence, the contrast of the two methods of medication, in the hands of Dr. Williams, is of great importance to the profession. N.

PART II,---MISCELLANEOUS SELECTIONS.

RESULTS OF THE TREATMENT OF CANCER,

BEING A SYNOPSIS OF PROF. R. D. MUSSEY'S REPORT TO THE NATIONAL MEDICAL CONVENTION.

Question of operating for Cancer.—The removal of schirrous breast seems to be regarded with as much disfavor by many able surgeons of the United States, as it is by the most experienced in Europe. One of great eminence, Prof. Dudley, of Lexington says he has never removed the breast for this disease without finding it recur. He has been enabled to keep carcinomatous action in check for years by severe abstinence, but he has never seen it cured. Prof. Eve, of Georgia, never operated in a case in which the diagnosis was unequivocal, without the disease returning. Dr. Rodgers, of New York, a surgeon in large practice states, that when he commenced practice, he operated on almost every case, having been taught that, although the disease might return, its doing so was an exceptional occurrence. The result, however, was that not two survived the operation in good health for two years, the greater number dying within twelve months, and many within six. Dr. Parkman, of the Massachusetts Hospital, observes, that while several distinguished surgeons decline operating on the ground of the certain return of the disease, or even the shortening of life by hastening its appearance elsewhere, others operate, although well aware that the cure is only exceptional; but maintaining that, as the disease rarely returns severely in the cicatrix, the patient is saved the loathsomeness arising from a foul external ulcer. The danger of the operation itself is not taken into account, and the discovery of of anæsthetic agents renders it painless. In order, however, to determine in some measure the amount of immediate danger attendant upon the operation itself, Dr. Parkman has examined the records of the hospital from the period of its establishment, twenty-eight years since: and finds that there have been eighty-eight operations for the removal of the breast, furnishing 6 deaths. In 4 of these there is reason to believe that such disease was already present in the internal organs, as would, by more careful means of examination, exclude surgical interference at the present day; one of the others died of pleurisy, and the other of erysipelas. The operation, therefore, *per se*, is in nowise a dangerous one. In 1847, the year after the discovery of the anæsthetic power of ether, there were three times as many operations performed as in any preceding year.

The Chairman of the Committee, Prof. R. D. Mussey, of Cincinnati, states, that of those cases of which he has been able to learn the sequel, he knows but of two in which the disease did not return in some part of the system within four years, and in most of them within one year. These two cases, from the small advance of the disease, were very favorable ones for operation. One of the patients is still alive, eight years after, and the other was quite well ten years after. Sir Phillip Crampton and Dr. Physick each mentioned a case to him. Sir Phillip's was one of ulcerated breast, with indurated axillary glands, the patient being lost sight of after seven years, until which time she continued well. In Dr. Physick's case likewise, an example of malignant ulceration, the patient lived for nine years, when the disease reappeared in the cicatrix. Prof. Gross observes, that all his earlier operations; save one case, having turned out unfavorably, he has of late years repeatedly declined interference. Considerable experience has convinced him, that patients will, on the average, live as long, or even longer, where no operation is performed; and that the disease, by strict attention to diet and the general health, may often be kept in abeyance for several years.

Dr. J. C. Warren communicated to the Committee several cases, in which he regarded the operation as having been completely successful. They all resided at Boston, and their histories were well known. Four of them were examples of schirrous disease of the breast, and the patients lived for periods varying from twenty to thirty years afterwards. The other four were examples of cephalomatous or fungoid tumour occurring in the antrum, the parotid region, the groin, and the dura mater. None of these latter patients exceeded thirty years of age, and they are all, at the expiration of some years, doing well. It is to be observed, that the microscope had not, at the period of the occurrence of these cases, been brought to bear upon the diagnosis of morbid growths. A portion of the fungoid tumour of the antrum was, however, examined by Dr. Barnett, and declared to be encephaloid carcinoma. It is to be regretted that Dr. Warren has not furnished us with a statement of the proportion which these eight cases bore to the number of operations with which his immense practice must have furnished him.

The question can certainly not be as yet regarded as decided, and it should be carefully investigated; for it is evident that, unless the operation positively *hastens* the development of disease elsewhere, its removal from the breast, where it induces such distressing suffering, even with the certainty of its eventual reappearance, now that it can be accomplished without pain, would be a boon for the patient. We are almost disposed to believe, that some of our leading surgeons, discouraged by the unfavorable results of the somewhat too indiscriminate procedures of the

early portion of their career, may be now going into the other extreme. May this practical protest against a too overweening confidence in surgical procedures, have its effect in checking the recklessness with which some of their younger brethren of this metropolis have of late undertaken operations of every description!—*British and Foreign Medico-Chirurgical Review*.

This want of success is the result of a wrong principle in operating, that is in preserving the skin and integument to close over the part from whence the cancer is removed, so as to "heal the parts by first intention," allowing no opportunity for suppuration. This should not be done in any case even when the knife is used, the parts should in all cases be subjected to caustic applications of a proper character, such as will not produce much inflammation; and in every case heal the parts by suppuration, in this way cancer may be cured just as certain as any other disease, at least before the disease becomes constitutional, which we contend is not the case permanently. N.

ON THE DETECTION OF LEAD IN A BODY THAT HAD BEEN INTERRED NEARLY TWO YEARS.

BY DR. MAYR.

Although lead-poisoning is of such common occurrence, it seldom takes place in a manner calling for judicial investigation. Dr. Mayr has however, recently published an interesting case of this kind. The body of a clergyman was disinterred after twenty-one months' burial, as it was reported he had been poisoned. The head had become a complete skeleton. To the chest hung some dark green fleshy substance. Within its cavity more remains were found of the right than of the left lung. Below the diaphragm a mouldering mass was found, apparently formed of the remains of the liver, stomach, spleen, and small intestines,—a yellow spot, the size of a hen's egg, resembling effused bile existing in the region of the liver. Of the ascending colon little remained; but the rectum, and a small portion of the sigmoid flexure were observed. The fæcal remains were of a blueish-white color, and shone remarkably through the serous membrane. The inner lining of the intestines seemed thickened, and in parts ulcerated. After all had been removed, the cavity of the pelvis exhibited a shining white, almost silvery appearance.

On testing the remains of the abdomen, lead was freely detected and reduced, no arsenic, which was also sought for, being present. Several grains of lead were reduced from 3 oz. of the lung substance, and a drachm from the same quantity of the intestinal contents,—although no flux was employed to facilitate the reduction.

When the history of the case was investigated, it was found that the poisoning had been going on for ten months of the year 1844. Four physicians, who had attended him under supposed attacks of gastric fever, and latterly an ulcerated condition of the bowels, now deposed to the existence of symptoms of lead poisoning, though this was not suspected during life. As severe abdominal pain always came on after the performance of mass, it was now supposed that the wine used had been poisoned. No lead was prescribed for him among his medicines during his long illness.

From the fact of the poison having been found in the lungs, it must have been introduced into the economy as a soluble salt, which, from its solubility and tastelessness, was probably the acetate. Large quantities must have been administered for a long period, or it would not have been found in such abundance, and diffused over so great an extent; it being estimated from the quantity obtained, that at least 30 drachms must have been contained in the body. It is of importance to remark, that although the body had been buried for twenty-one months, and no traces of the brain, heart, or other muscles remained, the poison was yet detectible in the remaining portions of the lungs and intestines, and that it had undergone a partial reduction through the putrefactive process in the body itself. That the acetate was not, however, completely decomposed, was seen by procuring from the intestinal contents a soluble salt. This shows also that the acetate, like other metallic salts soluble in water, more or less resists the putrefactive process, and that the decay of organic structures impregnated with it may be delayed,—the putrefactive process, which ordinarily commences in the abdominal organs, being in this case much less advanced in the large intestine than in other parts of the body. The finding so considerable a portion of the lead in the lungs, is also therapeutically interesting, in regard to the administration of this substance in hamoptysis and phthisis.

It seems that the minister, who was formerly mild in his manners, became latterly morose and impatient, exhibiting signs of the peculiar melancholy generated in *tabes metallica*; while with this were conjoined all the ordinary symptoms of gradual lead-poisoning, even to the occurrence of attacks of paralysis.—*Buckner's Rept.*, vii, 187—202.

ON THE DETECTION OF MERCURY IN THE BODY OF
A PERSON DYING OF MERCURIAL CACHEXY.

BY M. GORUP-BESANEZ.

That quicksilver is one of the metals capable of absorption into the economy is a well known fact, detected as it has been by various chemists, not only in the blood, but in the secretions of various organs, and especially the saliva, and in the structure of the organs themselves. But as to the mode of its distribution, the duration of its presence in the various organs, and whether it is found in all or certain tissues only, are points yet to be investigated. Dr. Gorup-Besanez relates the results of a recent investigation of the body of a woman, who was long (twenty-five years) laboriously engaged in silvering looking-glasses, but who, from the convulsive tremors that were induced, had been obliged to desist from her occupation for a year prior to death.

The somewhat collapsed brain did not entirely fill the skull, and the dura mater was of a reddish-blue from venous congestion. The consistence of the brain was firmer than usual. The lungs were hepatized; loaded with dark-colored blood, and non-crepitant.

The chemical results obtained by following the processes of Fresenius and Babo were as follows. The lungs and heart gave no traces of mercury; a very small quantity was detected in the liver, and none in the bile. A doubtful precipitate was thrown down upon the gold plate by the brain, while the spinal column presented no traces. That any remains at all should be found after a year is remarkable, and is confirmatory of other facts, proving how long certain metals, *e. g.* antimony, may be retained in the economy. That the liver was the only organ in which it could then be detected, confirms the doctrine that metallic poisonous substances are longest found in that organ.—*Buchner's Repert.*, vii, 178—186.

The above is taken from the British and Foreign Medico-Chirurgical Review, Oct. 1851.

Now if the effect of merely working with quicksilver, is so destructive to the human economy, what must necessarily be the result of the enormous amount taken into the system in the form of *Calomel*! In the above case, it was found in the system one year after the person was removed from the business. Reasoning from analogy, how long would it require the system to be freed from the pounds that *some* physicians administer in some individual cases, for certain disease.

N.

TEA AND ITS ADULTERATIONS.

The "Analytical Sanitary Commission," in London, to which reference was made some months since in this Journal, is still pursuing its analyses of various articles of food and drink. The different kinds of tea and their adulterations have occupied a prominent place in its investigations. A very brief summing up of researches respecting this article is contained in the following extract. Much curious information concerning the culture of the tea plant is contained in the Commission's report in the *Lancet*, which we may hereafter copy.

"The chief points ascertained with regard to *black tea* are—

"1st. That the principal black teas—namely, the Congous and Souchongs, arrive in this country, for the most part, in a genuine state.

"2d. That certain descriptions of black tea, as scented Orange Pekoe and Caper, are invariably adulterated, the adulteration in general consisting in the glazing of the leaves with plumbago or black lead; the Caper likewise being subject to admixture with other substances, as paddy-husk, Lie-tea, and leaves other than those of tea.

"3d. That several varieties of a spurious Caper, or black gunpowder, are prepared, which consist of tea-dust, and sometimes the dust of other leaves, and sand, made up into little masses with gum, and faced or glazed with plumbago, Prussian blue, and turmeric-powder; in some cases these imitations are sold separately, but most frequently they are used to mix with and adulterate the better qualities of Caper—viz., those which are made of tea faced with plumbago only.

"With respect to *green tea*, the principal conclusions are—

"1st. That these teas, with the exception of a few of British growth and manufacture, from Assam, are invariably adulterated—that is to say, are glazed with coloring matters of different kinds.

"2d. That the coloring matters used are in general Prussian blue, turmeric-powder, China clay, other ingredients being sometimes but not frequently employed.

"3d. That of these coloring matters, Prussian blue, or ferrocyanide of iron, possesses properties calculated to affect health injuriously.

"4th. That in this country there is really no such thing as a green tea—that is, one which possesses the natural green hue considered to characterize that kind of tea.

"5th. That green teas, and more especially the Gunpowders, in addition to being faced and glazed, are more subject to adulteration in other ways than black teas, as by admixture with leaves not those of tea, with paddy-husk, and particularly with Lie tea.

"That Lie tea is prepared so as to resemble green tea, and is extensively used by the Chinese themselves to adulterate gunpowder tea ; it is also sent over to this country in vast quantities, and is employed for the same purpose by our own tea-dealers and grocers."—[*Boston Medical and Surgical Journal*.

SUPPOSED INFLUENCE OF TOBACCO AS AN ANTIDOTE TO ARSENIC.

BY A. J. SKILTON, M.D.

Mrs. P——, aged about 32, mother of three children, obtained two drachms of arsenic of commerce, of an apothecary. She took it all, mixed with a viscid fluid, about 3, P. M., April 23, 1851. Dr. Bontecou was immediately called. He arrived in fifteen minutes. Her symptoms were extreme thirst, heat at the stomach, and vomiting. The patient rejected all treatment, and Dr. B. observing her frequent applications to a vessel of cold water, threw into it a large dose of tartar emetic, and hastened home for a stomach-pump.

During his absence, at half past 2, I arrived. The thirst and heat at the stomach were increasing, with pain and constriction at the upper part of the œsophagus, pain at the epigastrium, with violent cramps at the stomach, of a peculiar kind. Vomiting frequent. The practice already commenced was intended to embrace, in addition to the emetic course, whites of eggs, mucilage, afterwards anodynes, then laxatives, and, if necessary, the stomach-pump as an auxiliary, with whatever other treatment might seem called for. Having hastily prepared an infusion of tobacco; I proposed it as a main reliance. It was adopted, without, however, omitting albumen and mucilage of elm. The matters rejected by the frequent vomiting appeared to be a mixture of the above-mentioned articles, bearing quantities of a white powder believed to be the arsenic.

The demands of our patient for cold water were incessant and urgent. She drank often of it, and vomited frequently. The dread of the stomach-pump, and the promise of cold water, induced her to drink largely of the tobacco infusion. She drank, probably, three pints before six o'clock, the hour of my second visit. Up to that point of time, the cramps were increasing in violence, but the skin and tongue were natural, as was the pulse.

6, P. M.—There was no prostration; she vomited less often;

great tenderness at the epigastrium; headache. The other symptoms remained with little change. Treatment—mucilage, cold water, and a strong infusion of the tobacco, a tablespoonful every half hour.

8, P. M.—The tenderness at the epigastrium, with the heat and thirst, not on the increase. She vomits only from the attempt to swallow the nauseous infusion. The cramps a little less severe; the pulse natural; headache; drowsy and chilly by turns. At other times she "felt first rate." Dr. Clapp, the family physician, saw her with us, and urged us to a continuance of the same course. Gave a teaspoonful of strong tobacco infusion every half hour. Sinapisms, which had previously been used were renewed.

10½, P. M.—Dr. C. again met us, as also Dr. Brinsmade.—Pulse still natural; tongue slightly swollen, not red. All the symptoms continue, though much abated in violence. She sometimes expresses herself *better*. The headache, however, supposed to be the effect of the tobacco, is no better.

The danger appears to be past, and all the physicians express full confidence in the tobacco as the important agent in her relief. Hitherto laxatives were avoided, with the intent of combating the poison chiefly in the stomach, without urging it over any other portion of the mucous membrane. Continue the same treatment, giving a teaspoonful of the infus. tobac., once in one half or three-fourths of an hour, mixed with mucilage, because the taste seemed to induce vomiting. As the *modus operandi* of the remedy was far from being settled in our minds, it was deemed prudent to continue it longer, that it might ward off rigidity and paralysis, if it should prove to possess any such power.

April 24th, 8, A. M.—The patient had slept from 2 till 6 o'clock. Feels comfortable, though there is considerable soreness at the epigastrium felt on pressure. Complains of headache and drowsiness on being questioned; no vomiting; the pulse natural; the tongue slightly swollen, and a little reddened; the thirst and heat in the œsophagus and at the stomach nearly gone. Has had two dark stools—the first chiefly solid, and with no peculiar sensations; the second thinner, flocculent, greenish, and occasioning smarting at the anus. Give a dose of castor oil, and repeat the infusion once an hour; it has been discontinued since she fell asleep.

2, P. M.—Very little uneasiness at the stomach. The heat thirst and stomach tenderness not all gone. No vomiting; pulse natural. Has had three or four stools, greenish and producing smarting. Gave the small dose of the infusion once in three hours.

7, P. M.—Feels almost well; has appetite; calls for cracker panado, which is allowed.

25th, 12, M.—Feels well. Took some rare-boiled eggs.

26th, 11, A. M.—Feels quite well, and is actively employed at hard work.

In this case we note, the arsenic taken on an empty stomach, producing the usual severe symptoms, which lasted for several hours; the character of these symptoms, wanting, however, in regard to the effects on the pulse, both primary and secondary, as nothing was observable in it that indicated inflammation. During the same period we note, the large quantity of the narcotic poison administered without prostration. It is doubtful, even whether the tobacco aided in producing emesis, except from its disagreeable influence on the fauces and other organs of taste. We note, the smarting produced by fœcation. Most of all, we are to regard the rapid recovery. In twenty-nine hours, appetite returned; in forty six hours, she took boiled eggs; in sixty-four hours, she resumed her usual labor in health.

The discussions on this case, which took place at a late meeting of the Troy Medical Association, have led me to adopt the following theory of the *modus operandi* of tobacco as an antidote to arsenic. And that it is a sufficient, an effectual antidote, I have become satisfied. Arsenic kills by first exciting inflammation of the stomach; at least so it is in all cases where it is introduced into that viscus. Tobacco, a powerful, sedative narcotic, probably acts by benumbing the nerves of the stomach, and thence preventing or curing inflammation of the mucous coat of the organ.

It may be further inferred that the abundant secretions of the mucous membranes, excited by the narcotic, tend to prevent the absorption of the mineral poison. A. J. SKILTON.

P. S.—We used two ounces of tobacco in making the infusion; of the last ounce, one third of the infusion may have been left unused.

Troy, N. Y., June 14, 1851.

DEAR DOCTOR,—I was gratified by the receipt of a line from you, dated the 11th inst., and am glad to hear that the *brevity* of my communication on the poisoning case, was one of its faults. I believe I stated *positively* that Mrs. P. took ʒij of arsenic of commerce. I did so, because, under circumstances of the kind, it would be exceedingly difficult to strengthen the belief in the verity of the case, in the minds of the medical men who saw her and noticed the case, by *any corroborative or accumulative testimony*.

The first knowledge which I had of the use of tobacco for poison (or the first hint, I might say) was derived from noticing it as denominated an alexipharmic in the antiquated and unpurged pharmaceutical works of centuries past—this term, in those works, being accompanied with some descriptive statements. The works themselves must now be considered of too little value to be referred to by name; unless on antiquarian grounds.

2d. Miss E., now the principal of the Troy Orphan Asylum (a post she has occupied little less than twenty years) described to me her own case of poisoning by arsenic (by accident,) and the happy mistake of her being led to swallow an infusion of tobacco, which suddenly cured her. Miss E. is one of the most intelligent ladies of our age, and her respectable character would conspire to render the details of her own case of equal value with similar details from the pen of any well-educated physician.

3d. A lady in a town in New England, adjoining the one in which Miss E. then resided, also took arsenic by mistake, and the tobacco being relied on in the case, the cure was so sudden as to make the case equally wonderful with the previous one. Both of these cases were stated in a No. of Silliman's Journal, some two to four years previous to 1838, by a clergyman who resided near them. The statements were copied, years later, into other more ephemeral periodicals.

4th. Sept. 4, 1838.—Child of John Center, negro, aged about 4 or 6 years, fond of eating gravel, loam, plaster from the walls, &c., took a quantity, how much cannot be told, of arsenic mixed with old buckwheat flour. It was prepared to kill rats, and laid in a closet in a wooden or other dish, to which the child got access while the mother was out at work. The child said it had swallowed of it: its mouth was full of it, and hands also, and it was found greedily devouring the mixture. I was called to see the child between 5 and 6, P. M. I found it suffering great distress, with short moans—thirst, heat and tumefaction of the abdomen, some spasmodic action of the intestines and abdominal muscles. I returned home, a distance of four hundred and fifty yards, to examine the cases in Silliman's Journal, above referred to, and then hastened to prepare the infusion of tobacco. I poured a gill of boiling water on about one third of an ounce of cut tobacco, steeped it twenty minutes, but commenced to use out of it in three or four minutes, giving at short intervals, say five minutes, a dessert spoonful of the tea. Nearly all the gill was given. Confidence in the drug was strong; still I thought it prudent to give half a drachm of ipecac. in the tea. Slight vomiting was induced, and the *buckwheat batter* was thrown up. My note of the case was of slight importance, except as regards the time. I think I stated to the Society in Boston that at breakfast time, next day, the child ate a rusk (biscuit.) This was probably accurately stated, but I now find that I made a minute in my account book, of a visit to that family on the fifth and also on the sixth September. The most striking fact which I noticed was, that the pain, and also the distension of the abdomen, abated before any emesis took place. To recapitulate, the child was previously in good health—took the flour and arsenic, was soon in great pain. The other symptoms of the poison by arsenic oc-

curred, except vomiting and diarrhœa. Relief soon followed the use of the tobacco infusion. I have no recollection of attending the child on the following two days, but presume that I should not have failed to call and notice its condition. No symptom of interest could have occurred on those days, save the singular recovery of the child.

May 25th, 1839, I was called to see Mrs. M., who took arsenic mixed with flour or meal, three or four days before. She did it for self-destruction. The quantity is unknown. I was called upon in her case at the first, but not being in my office, she remained in the hands of another physician the term of time above stated. He used merely evacnants and demulcents. I attended her till the 9th of October following. Eventually rigidity and paralysis came on, and it was some two years before she could hold and use the needle. Nothing in this case occurred of interest regarding tobacco, except that I gave the infusion at short intervals, in moderate doses, for some three days from May 25. She always afterwards represented that she experienced marked relief from the tobacco.

In two other cases I gave the tobacco infusion. In neither case was it certain that arsenic in a dangerous quantity had been taken. In one of them, the individual stated that she had taken a large dose of it, and hence, as a measure of prudence, I gave the infusion somewhat liberally. No dangerous symptoms took place from any cause.

In the other of the two cases, about three-fourths of a grain was believed to have been swallowed, having been used in a hollow tooth. I preferred a moderate dose of tobacco infusion, to an emetic, in this lady's case, for special reasons. She suffered much from the headache for twenty-four hours, as did Mrs. P. in the recent case, doubtless from the tobacco.—[*Boston Medical and Surgical Journal*.

SYPHILITIC INOCULATION—LETTER FROM PARIS.

(Correspondence of the Boston Medical and Surgical Journal.)

[Some of our readers will doubtless smile at the enthusiasm of the writer of the following letter from Paris. They must acknowledge, however, that he exhibits the spirit of thorough, scientific investigation; and though he describes what has taken place within the "syphilitic world"—which may be considered, we suppose, as confined to Paris—the matters referred to are of general interest to the profession, here as well as abroad.—*Eds.*]

To the Editor of the Boston Medical and Surgical Journal:

DEAR SIR,—I am anxious to communicate to the readers of your valuable Journal, a few words upon the great excitement that exists in the syphilitic world, at the present moment, in this city.

During the last few months, M. Auzias Turenne has advanced, that by repeated experiments he has succeeded in communicating the syphilitic virus from man to monkey, and that he has produced the true primary chancre upon the monkey; in turn, communicating inoculable pus to man. M. Ricord, who has experimented, as all know, in every possible way with syphilitic virus, denies what M. Auzias advances. He thus explains the supposed success of M. Auzias: "that by frequent and constant applications of the syphilitic virus, he had merely established a depot for this virus upon the cutaneous surface of the monkey, and that the same virus has been re-transplanted from the monkey to man; any suppuration or appearance of true chancre being due to the constant irritation produced by the virus, as by any other foreign irritating substance. In fine, that the monkey's skin served merely as a soil for the seed, which did not germinate." However, time and renewed experience will alone prove this question.

But the most interesting portion of my communication does not relate to the monkey tribe, but to the human subject. M. Auzias also holds forth to the world that he cures secondary syphilitic symptoms, not by medical agents, but by the process of inoculation. Here is something new! What does he do? He inoculates an individual already suffering from secondary symptoms, with inoculable virus taken from another source, and he produces the true primary chancre. This he continues to do until the system of the patient refuses to receive the virus, or until, in other words, the inoculation remains without effect. He does not say how many chancres will be necessary; but in the case of a young physician, whom he brought forward at the Hospital du Midi, this morning, as a proof of his assertions, he had inoculated upwards of sixty times. He now considered him impregnable, and maintains that his constitutional symptoms, under which he was laboring at the time he commenced, are entirely eradicated.

M. Ricord, with the consent of all parties, this morning inoculated this martyr to science, with pus taken from chancres upon three different patients in his wards. Upon all three, artificial chancres then existed, proving the quality of the virus. M. Auzias considers his patient as impregnable—time will prove whether M. Ricord's lancet will be more successful.

This constituted the first experiment ever made by M. Ricord in inoculating the human subject with virus taken from another individual—moral and just views having prevented him from so doing. I need not add, that he fully expects to see a well-established primary chancre follow his inoculations, for he denies that

any peculiar idiosyncrasy exists, which renders any individual impregnable to syphilitic inoculation.

M. Auzias also gives forth, that, in the same way, by repeated inoculations, he can render any individual impregnable to syphilis. He inoculates and produces primary chancres until he can produce no more. The patient cannot have secondary symptoms. By what laws this result is brought about, he does not pretend to have yet discovered. M. Auzias and his school have full confidence in what they maintain. Time alone will decide.

I feel confident that something new is about to be added to our present knowledge of syphilis. What a glorious discovery, if we find that, by inoculation, we may render the services to the human family that vaccination has done! I assure you that the excitement and zeal shown here upon the subject are worthy of the cause.

D. D. SLADE, M.D., of Boston, Mass.

PARIS, Oct. 21, 1851.

OUTLINES OF CHEMISTRY, FOR THE USE OF STUDENTS.

BY WILLIAM GREGORY, M.D., *Professor of Chemistry in the University of Edinburgh. First American, from the Second London Edition.* H. W. Derby & Co., Cincinnati. pp. 614. G. P. Lyon and B. W. Sanborn, Concord, N. H.

A new Manual of Chemistry should be to physicians a most attractive book. The giant strides which this science has been, and is still making, continually astonish us; while the truths revealed by its aid, sometimes standing out as in the full blaze of noon, sometimes just emerging from darkness, always bless mankind. Though all arts and sciences are indebted to chemistry, none is more so than medicine. It gives us new remedies, it shows us better ways of preparing the old, it gives us antidotes to deadly poisons, it enables us to charm away pain, to detect disease, to avoid its causes, and to effect its cure.

This edition of Professor Gregory's work is issued under the care of Dr. J. Milton Sanders, of the "E. Medical Institute, of Cincinnati;" that is, the Eclectic. There is, however, nothing of Eclecticism in the notes which he has appended, to prevent the general introduction of the work.

We consider this the best chemistry that has been issued, for the use of students—and when we say this, it is with full consideration. But we do not say that it is likely to be the most popular. Its peculiarities are, that it omits the consideration of the imponderables, light, heat, and electricity, and is about equally divided

between organic and inorganic chemistry. Besides, a very free use is made of the symbols, so that some pages are apparently covered with them. This, with the happy conciseness of description, gives a vast amount of knowledge within a given space—all these peculiarities are, in our opinion, advantages.

Still, it may not be a popular chemistry. We have been for a long time impressed with the fact, that medical men are more deficient in chemistry than other branches, which are no more necessary. The fault, in our opinion, is not with the professors, but with students and practitioners. Chemistry has been used too much for effect. The brilliant combustions of phosphorus, iron, &c., in oxygen gas, have been again and again repeated, to prove the very rudiments of the science, and the students applaud to the echo. But the explanations of the use of symbols, the beautiful atomic theory and subjects like these, which are the essentials to the thorough mastery of the science, are made to empty benches, or to sleeping audiences. And the fault is not with the professor. Most willingly would he dwell upon these important matters, but if he does, he is compelled to bear the opprobrium of being a stupid teacher, and shrewd hints are made of a successor being necessary. If we would make chemistry available, it must be freed of its brilliancy, and its students must be brought to understand that to know any thing of chemistry, they must study the books. On this account, we commend Gregory's chemistry; it avoids the profuseness of plates, which abound in some more popular works, and which are objectionable on the same ground, with showy experiments. It is a really scientific work, and as such, should be in the hands of really scientific men. Moreover, it is by a medical man, and adapted to medical men; a great desideratum surely. We earnestly urge upon private instructors, for it is with them that the fault is, and with them the remedy is to be applied—we earnestly urge upon them, the introduction of this text-book to their pupils. We are sure that if it is there studied, students will not only be versed in the science, but deeply interested in it too; and the present superficial mode of learning be done away.—*New Hampshire Journal of Medicine.*

SYPHILIZATION.

Here is a new term, and well may a new term be used, for the fact to be conveyed is quite new; but whether what is called syphilization is a good and allowable thing, is very questionable. Our readers are aware that Dr. AUGIAS TURENNE, of Paris, succeeded some time ago in grafting syphilis upon animals, a result which had in vain before been sought. Monkeys were the poor

creatures experimented upon ; and it would appear that they actually and truly were made to contract syphilis by means of inoculation.

This success seems to have given Dr. Turenne a taste for inoculating ; he went on experimenting, and at last found out that the syphilitic virus, like that of variola, may, by being inoculated upon a perfectly healthy person, preserve that person from any further attack of syphilis, although the patient may get in the way of taking the disease ; this taking place in the same way as inoculation of the pus of small-pox sometimes preserves from any further onset of the disease. Cases are of course brought forward to strengthen this position.

But Dr. Sperino, surgeon in the venereal hospital of Turin, has gone still further. He has first fully confirmed Dr. Turenne's conclusions, in acting upon FIFTY-TWO of his patients ; these were mostly affected with primary or secondary symptoms. The inoculations used to be made on the abdomen, and the spot covered with adhesive plaster, so that none of the virulent matter should be lost. Chancres were almost always produced, and they were allowed to heal without cauterization, the pus having been taken either from the patient herself, or from another, where the chancre happened to be in the progressive stage.

Further inoculations, after the first had succeeded, yielded no result ; and though Dr. Sperino went on placing virulent matter in the canal of the urethra, close to the anus, or on the vulva of women previously saturated with virus, he found that it would no longer take. The patients, by being artificially syphilized, had in fact become proof against syphilis.

But not content with establishing this law (?) Dr. Sperino has formulated another ; viz. that virulent inoculations are not only *prophylactic* but *curative* ! All or nearly all of the women who were inoculated, got rid either of the recent ulcers with which they were affected, or of chronic ones which had resisted mercury, iodine, &c. Thus it would now appear that infection need not any longer give people uneasiness : let them have the courage to get inoculated, and they are mailed against the syphilitic poison. Or if they should have any recent or chronic chancres upon them, let them again have recourse to inoculation, and they will not only be henceforth invulnerable, but they will also see their present symptoms disappear promptly. This discovery will certainly have a depressing effect on the sarsaparilla trade.—*London Lancet*.

As well as the calomel trade.—[Ed.]

A FLUID RECOMMENDED AS A PRESERVATIVE FROM SYPHILIS.

M. LANGLEBERT lately stated to the Academy of Medicine of Paris, that he had discovered a compound which, judging from the success of his experiments, would effectually preserve from syphilis. The following is the formula: Alcohol, one ounce and two and a half drachms; soft soap with stripes and prepared with potash, the same quantity; dissolve and strain, then add essential oil of lemon, five drachms. M. Langlebert mentioned the following experiment:—

He took purulent matter from a chancre with a hard base, and inoculated the left thigh of one of his pupils, who had volunteered his services. On the other thigh the inoculation was performed in a different manner: the lancet dipped in the same pus was made to scrape the skin and make it raw, so as fully to insure absorption; after five or six minutes the preservative fluid was applied on the right side, and this was repeated three or four times. The usual effect was the next day perceived on the left thigh, but the right, where the prophylactic fluid had been applied, presented only a thin and dry crust. On the third day, the pustule on the left thigh was cauterized with strong nitric acid. A public experiment has since been made upon two other pupils, who had requested the favor, as well as upon M. Langlebert himself, and the success was complete. M. Ricord is to report upon this new prophylactic.—[*London Lancet*.

DISGUSTING REMEDIES.

If our homœopathic friends are in the habit of using in their practice such disgusting and absurd remedies as are recommended in Jahr's *Pharmacopœia*, the sooner a line of distinction is drawn between them and the regular practitioners, the better. We know not whether any of Hahnemann's disciples have demonstrated, on scientific principles, the action or properties of such remedies. They certainly bring to the mind the absurd ingredients used in the old treacle of Andromichus. The following from the London "Institute" of Jan. 5th, 1851, will present the matter to our readers.

"Jahr's *Nouvelle Pharmacopée Homœopathique*, published at Paris in 1841, contains, in the list of materia medica, various disgusting absurdities, among which are *lachesis*, the poison of the rat-

thesnake; *formica rufa*, the red ant; *aranea diadema*, a species of spider; *rana bufo*, the toad; *lacerta agilis*, the lizard; *scarabæus melolontha*, the cockchafer; *viverra putorius*, stinking polecat, of which the officinal part is the fetid secretion from the glands near the anus. The *ecrivissæ*, or fresh-water crabs, are directed to be pounded alive in a mortar until reduced to a fine paste. This is diluted with about twice its volume of alcohol, then strained, and the liquor preserved for dilution in the usual way. Toads, lizards, cockchafers, and other reptiles and insects, are brayed (alive) in the same manner!

"We also learn from a contemporary, that to such an extent is the doctrine *similia similibus curantur* carried, that 'syphiline' is administered to patients suffering under secondary syphilis; and 'blennorrhin,' which is gonorrhœal matter manipulated according to the rules of homœopathic confectionery, is mentioned in the Homœopathic Archives (published at Leipsic, 1841) as a remedy for gonorrhœa and gleet!"—[*London Institute*.

THE PLAGUE.

It is very certain, from the accounts received both here and in England, that the true plague has been introduced into Madeira—and the work of death has been appalling. The question has been agitated—will that dreadful disease ever reach this continent? There is reason to believe it will; and the wonder is, why it has not been here already. Our commercial intercourse is extensive with various parts of Africa and the Asiatic shore of the Mediterranean, where this great scourge is never dead or dying, but simply reposing from one period to another, like a fatigued giant, to gather strength for a renewal of slaughter. Should it come, it may be hoped that there will be found more science and a stronger barrier of medical skill to meet and disarm it of its terrors, than has been exhibited in tropical climates, or in the filthy, scourge-inviting regions of Moslem Turkey. Plague appertains to the Arabs, in this age; and where the same condition of things exists as characterizes their mode of life, their social condition, their apathy, and the absence of all common-sense efforts to avert or arrest it, there it will have an abiding foothold.—[*Boston Medical and Surgical Journal*.

USE OF THE GALVANIC BATTERY IN PARALYSIS.

In a previous number of the Journal, mention was made of the good effects often derived from the application of the galvanic battery in paralysis. We have since had an opportunity of further testing this therapeutical agent in two cases; in one of which, the results were so satisfactory that we have thought a brief notice of it might not be uninteresting to our readers. A young man (a painter) had a severe attack of colic, which was attributed by his attending physician to the effects of white lead, and he was treated accordingly with the usual remedies, successfully. Soon after his recovery from the attack of colic, he was suddenly deprived of the use of his right arm. The power to elevate it was entirely gone; and having lost a part of the other arm by amputation a few years previous, he became almost helpless. In this sad condition he sought the counsel of many eminent men in the profession, but without receiving any direct benefit from their advice and prescriptions. A medical friend of ours, to whom he applied for advice, knowing that we had one of Coad's patent graduated galvanic batteries, which are of a superior construction and power, sent him to us, that it might be thoroughly tested in his case. He came; and we must confess, that after an examination of the case, we thought it almost a hopeless one. After one or two operations, a perceptible change for the better was manifest; and when the instrument had been applied twenty four times, the perfect use of his arm was obtained. The time occupied in this case was about six weeks; and so successful has been the remedy, that the patient can now use his arm with perfect freedom, and is able to resume his former occupation of painting, using the brush to as good advantage as his fellow workmen.

The other case mentioned was that of a young lady with a hemiplegia, who was unable to walk, or even stand upon a limb of the affected side, and in consequence had to be brought to our office. After three applications of the battery, she had so much improved as to be able to walk to the office, a distance of three-fourths of a mile. Although she is not cured, yet from the improvement which has taken place, we have every reason to believe she will be, if the remedy is continued for a further length of time.

We are confident that many of the nervous affections might be successfully treated by the proper application of a galvanic battery; but it is evident that a proper one should be used, and we know of none more appropriate than that of Mr. Coad, of Philadelphia.—*Boston Medical and Surgical Journal.*

FEMALES IN MANUFACTORIES.

From Dr. T. H. Yardley's report, to the Pennsylvania Medical Society, of the sanatory condition of the Northern Liberties of Philadelphia, we take the following statistics and remarks respecting a matter that deserves more attention than is usually bestowed upon it. The district of the Northern Liberties has 47,223 inhabitants.—*Boston Medical and Surgical Journal*.

"Of the males of this district, 4463, and 1184 of the females, are employed in manufactories—being nearly 12 in every 100. The males receive \$115,657 per month, and the females \$12,000; averaging nearly \$26,00 for the former, and less than \$11,00 for the latter. This is a striking instance of the great disproportion between the wages of males and females, and is doubtless the main cause of the great mortality and sensual depravity of the latter. Their wages are inadequate for the support of themselves and those dependent on them; and the consequence is, either they work night and day, in crowded, ill-ventilated apartments, and live on impoverished fare, till death ends their sufferings, or revolting as it may be to their feelings, they sell themselves for bread. 'Tis useless to talk of morality to a starving woman while she knows that courtezans fare sumptuously every day, and walk the streets decked with silks and jewels."

GUTTA PERCHA WATER PIPES AND SPEAKING TUBES.

We have been shown a very fine specimen of gutta percha tubing, which came from the establishment of Mr. Charles Stodder, of this city. It is said that this article is not acted on by the strongest acids or alkalies, and therefore may be considered almost indestructible. In consequence of its resisting the action of such substances, it has been applied to many uses in the arts, agriculture, and manufactures, and especially for tubing for the conveyance of water or other liquids used for culinary purposes. It is a very good substitute for lead pipe, to those who have any fears that lead pipe exerts an injurious influence on water that passes through it, it will be very acceptable, inasmuch as it will fully answer their purpose.—[*Boston Med. and Surg. Journal*.

PART III,---EDITORIAL.

A WORD TO ECLECTICS.—A WORD TO PHILANTHROPISTS AND REFORMERS.—Our cause is onward. The public mind is becoming everywhere more enlightened, and the appalling evils of a blood-letting mercurial practice, are becoming more thoroughly known, and more justly appreciated.

The necessity of reform does not cease to be felt, or impress itself upon us with any less urgency, on account of the lapse of time, and a familiarity with the subject. There are abuses so monstrous, still endured by the public, that no familiarity can render them less odious. When we reflect that in all probability a hundred thousand lives are annually sacrificed to the Moloch of medical despotism and ignorance—when we reflect that by enlightening the public mind, and introducing a safe and rational system of practice, we might arrest the sacrifice of life, and prevent an incalculable amount of suffering, we cannot relax in our efforts. Nor when we have the matter in detail, is its impression any less terrific and harrowing to the sensibilities of a benevolent and conscientious mind. But a few moments since, we were observing a case of an intelligent citizen, who, without any necessity—without any serious constitutional disorder, was heroically treated, confined to his bed for weeks, his system saturated with mercury, and himself thrown into imminent apprehension for his life, under the so called, scientific practice.

The appalling example published by Dr. Beach, with an illustrative engraving, of a patient who for some unimportant disease, was mercurialized until his tumified tongue hung down far from his mouth, a loathsome mass—this case which was personally witnessed by a member of our present faculty, is one of the thousand examples of those abuses, for the removal of which we are summoned by every principle of conscience and benevolence, to arouse our energies. *We have labored*, and thank heaven, not in vain. We have made a movement which has been felt throughout the length and breadth of our country. The signs of the times are auspicious for the continuance of our movement with even bolder features, and a more sweeping scope. But it is

not a few laborers in the harness, alone, who are to accomplish the work. We need the resolute, united, and powerful co-operation, of all friends of reform. Let us have this co-operation, and we are now prepared to make a powerful impression upon the public mind, throughout the valley of the Ohio and Mississippi, and in the East, as well as the West—a movement which will give Eclecticism a far more commanding position, and demonstrate its superiority in a manner which will not only place it beyond question with the people, but will make its impression even upon the disciplined ranks of medical conservatism.

There are many features and elements in the proposed plan, which require the consideration and co-operation of the whole profession; and which we are not at this late hour able to develop in full, but which in the next number of our Journal we propose to develop in a systematic manner. Meantime, we would simply say, that we, the friends of American Eclecticism, are perfectly capable at this time, if we but rightly organize and concentrate our strength, carrying on a medical campaign, more brilliant than has heretofore ever been witnessed, and of giving our glorious reform a triumphal establishment throughout the length and breadth of the land.

We cannot delay the circulation of this number to introduce our scheme, but we propose to lay it before our readers as promptly as possible in the February number, which will be issued at an early day, and if possible in advance of its usual date. And we trust that every reader will be on the alert, to receive his Journal from the post office, to examine our plan, and to give it his immediate and hearty co-operation. We design if possible to issue our February number by the twentieth of January, or sooner; and we earnestly request every friend of our cause, to be prepared for deliberation, and for prompt action, in a matter which involves not only the honor and prosperity of the medical profession, but the lives and health of countless thousands of our suffering friends and fellow citizens. B.

STEREOTYPED FALSEHOODS.—The following extracts from the *Botanico Medical Recorder* which has been lately renewed by Dr. Curtis, shows that the habit of misrepresentation, is a confirmed and perhaps incurable peculiarity. The misrepresentations of the character and principles of Eclectics, which have oc-

casionaly been circulated by Thomsonians, may be traced to a common origin in the pen of Dr. C., but for whom they would never have gained currency. The palpable and flagrant falsehoods contained in the following quotations require no refutation.

"They seem to care not a fig for principles, or practices, only so far as they "take" in the community, render a practitioner popular, and give him plenty of business, and money. They decry poisons, *except those they use*, as opium, and other narcotics, cantharides, &c."

"Yes, you reject one lancet, but you use eight or sixteen. You do not, *all of you*, give *much* mercury *internally*, but you rub it on the surface. You leech, blister and physic pretty freely, and use opium, and other narcotics more freely than the Allopathists. Thus you depress the vital force (oppose nature) in her primary movements, as much as they do in her secondary or sanguiferous action."

Our readers may possibly feel some curiosity to know the history of the factious, psuedo, reformatory movement, with which Dr. C. has been connected. We would merely remark that his peculiar characteristics, which have rendered him an incumbrance to the cause of medical reform,—his shallow theories, intolerant dogmatism, and general unfairness, and misrepresentation, were at length justly appreciated even by his own associates; in consequence of which a separation was resolved upon. Dr. C., as his colleagues affirm, resigned all connection with them, and the charter of the Botanico-Medical School was amended, so as to establish a Physopathic College, leaving the literary department with Dr. Curtis. The Physopathic school completed its faculty, and has carried on its operations at Center Hall; and it was supposed that Dr. Curtis had abandoned the field of medical teaching and editorship. However, Dr. C., finding some of his dogmatic Thomsonian theories laid upon the shelf, by the Physopaths, has made a spasmodic effort for resurrection. He claims to retain the power of granting medical degrees, and has commenced a course of lectures, with some assistance, by which he hopes to cripple the prosperity of the Physopathic school. At the same time, although he had long since transferred his paper to Dr. Stockwell, which has been published under the title of the Physo-Medical and Surgical Journal,

he has commenced again to publish a paper called the *Betanico Medical Recorder*. It is in this paper that the above slanderous extracts are contained. The common impression that the whole course of Dr. C. is remarkably unconscientious, and has done serious injury to true medical reform being now sanctioned emphatically even by his late colleagues, and friends, will be the settled verdict of public opinion.

It is lamentable to observe among the conservative portion of the medical profession, the amount of talent and energy, which is lost to mankind by being associated with a degree of arrogance and unfair dogmatism, which render them unjust to others, and unjust to the truth. It is still more lamentable to observe pseudo-reformers, equally misdirected in their efforts, because they possess the same vanity, and reckless dogmatism. True reform, requires men of honest, disinterested motives—fair and honorable in all their statements, and investigations. B.

UNITED STATES ECLECTIC DISPENSATORY.—This much needed work is at length published by H. W. DERBY & Co. Its appearance will be hailed with much pleasure by the Eclectic practitioners and druggists of the United States, to meet whose urgent demands it was prepared by the authors. It is altogether such a work as we may place upon our shelves with a feeling of pride and satisfaction. It is gotten up by the printers and publishers in the most admirable style of typography and binding, making a volume of about 700 pages, equal in its general appearance to the best issues of Eastern publishers.

As a Dispensatory, it is a full presentation of the resources of practical medicine; giving an extensive list of medicines, with a brief, condensed statement of the therapeutic uses and official preparation of each. A large amount of matter which may be found in the United States Dispensatory is excluded from this work. The botanical and commercial description and history are generally omitted, excepting merely a brief statement. Articles which are of little or no value to Eclectic practitioners, such as mercurial preparations, which they do not use at all, and others which are almost unknown in practice, are omitted. But the standard resources of Eclectic practice are set forth fully, and the pharmacentic combinations are given in a complete and perspicuous manner. This department might no doubt be enlarged by the

introduction of many additional prescriptions of value; but it is better not to incorporate in a standard work of this character any thing but what has been fully tested and established as to its practical value by an ample experience.

An appendix of about a hundred pages, contains an ample vocabulary of technical terms and abbreviations, calculated to be very useful to students; table of doses; a comparison of thermometric scales; tables of weights and measures; tables of chemical composition of American and foreign mineral waters; tables of specific gravity; atomic composition and strength of solutions; tables of temperature and frigorific mixtures; of chemical equivalents; of solubility of salts, acids, and bases. An index of 28 pages terminates the whole.

Drs. King and Newton, the authors, are entitled to the gratitude of the profession for their energy and promptness in bringing forth this elegant and admirable work, and we trust it will not be long before they will be called upon for a second enlarged edition.

B.

CORRECTION.—In our last we referred to the statement of the *Magazine of Homœopathy*, that another Eclectic physician was almost ready to avow his faith in Homœopathy. The allusion, we understand, was not (as we supposed) to an editor of this Journal, but to another individual in a different part of the country. However, we may add, that the gentleman referred to, does not admit the correctness of the representation given as to his views of Homœopathy, which he says are not so favorable as was intimated.

B.

Cox's Companion to the Sea Medicine Chest, and Compendium of Domestic Medicine; with plain rules for taking the Medicine; to which are added directions for restoring suspended animation, the method of obviating the effects of poisons, &c., &c. By R. Davis, member of the Royal College of Surgeons, assisted by some of the most eminent Physicians and Surgeons of the day. First American, from the thirty-third London Edition. New York: Samuel S. & William Wood, 261 Pearl Street

A volume with the above title, of some 216 pages, 12 mo., has been laid upon our table by the publishers, and judging from a cursory glance, it contains enough of the science of Medicine, and its general application, doses, &c., to be of great service to those who are so situated as to be out of reach of a Medical practitioner. For sale by the trade generally.

N.

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PART I.---ORIGINAL COMMUNICATIONS.

CHEMICAL RESEARCHES IN ANIMAL AND VEGETABLE PHYSIOLOGY.

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In an article published in the Eclectic Medical Journal, December, 1850, I endeavored to explain the principles on which decompositions take place in opposition to the influence of chemical attraction, and to deduce from them the means of investigating the cause of several mysterious operations, in the organic, and in the inanimate world. My present object is to show that a great number of the phenomena of life, in addition to those I have already noticed, can be traced to physical causes, by the same simple principles and laws, of which it will be here necessary to make a brief repetition.

The reaction or the play of affinity between the ingredients which result from the chemical action of galvanism, is the chief impediment to the efficiency of the power by which they are separated. No current of any appreciable force can be incapable of decomposing a single atom of a compound body; and by the continual decomposition of its several atoms, every compound should finally yield to the long continued action of the slighted manifestation of electricity, if the reunion of its elements or ingredients were prevented. The chemist effects this object by the use of porous partitions or membranes, to prevent the mixture of the different portions of the electrolyzed solution, and keep the disunited elements beyond the reach of their reciprocal attraction. The same end is attained by limiting the communication between both electrodes, to the slender column of fluid enclosed in a glass syphon or in cotton fibres, which present the diffusion of the liquids, and the play of affinity, without causing any like impediment to the action of the decomposing force.

Organized bodies are more admirably constituted for these purposes, with their numerous tubes and ducts for controlling affinity in the same manner and favoring assimilation,—with their supplies of glands, membranes and cells, for effecting the more difficult decomposition. Such an ingenious mechanism, so wonderfully constructed by the hand of nature, is ever ready to lend assistance to those feeble electric forces, which must emanate from chemical changes invariably associated with the active condition of animal and vegetable life. This judicious arrangement is attended with results similar to those arising from the use of mechanical contrivances, by which a very trifling force is rendered capable of raising the greatest weights, or of overcoming the greatest resistances. By this means, vital forces are enabled to execute the most difficult chemical actions, and to manifest the most surprising energy, while their weakness is but too apparent from the slow manner in which all vital operations proceed. The assimilative force of a plant, exerted in the decomposition of carbonic acid is (according to the calculation of Liebig,) greater than the most powerful effort of galvanic action; but when we reflect that a whole day is requisite for the extrication of one or two cubic inches of oxygen from growing plants, and that they are much less efficient in acting on inorganic compounds, we must regard the force from which their action proceeds, as a very feeble agent of decomposition.

It may seem doubtful whether the coincidence of these theoretical conclusions, with the actual effects which are seen to result from the presence of organic tissues, can reveal the nature of the power by which the various transformations are executed; for the controlling influence exerted by glands, ducts, and cells, favors the action, not only of electricity, but of every other power which acts in opposition to affinity. But it will appear from subsequent considerations, that vital forces, or at least, those concerned in vegetative functions, emanate from some chemical changes, under conditions similar to those required for galvanic action; and, in the present state of science, it must be allowable to include all forces arising from chemical action under the name of electricity. There is, however, much reason to believe that the galvanic currents emanating from the decomposition of organic substances in living bodies, is very different from those produced by the corrosion of metals. Even the currents developed by the use of large and of small plates, exhibit different properties, and it is absurd to suppose, with most chemists, that this difference can be accounted for by the introduction of the terms quantity and intensity, as the qualities which these terms express must ever be inseparable in every force with which we are acquainted.

Whatever be the nature of vital forces, the part which organic structures act, in enabling them to control affinity, must be re-

garded as the great cause of the curious transformations effected in living bodies. Even the wall of a mere cell is, in this manner, capable of bringing into effective play the most feeble electric forces, causing those decompositions which art has vainly endeavored to imitate; and such cells are accordingly supposed to be endowed with an independent vitality. It is for this reason, as well as from its coagulability, that the blood has been commonly regarded as possessing life. But it is evident, from the principles I have stated, that the presence of corpuscles in the blood, the membranous walls of which they are composed, with the co-operation of the forces to which it is exposed in the living body, are sufficient to effect the various decompositions it exhibited, and to confer even on a fluid, the properties which are common to organized beings.

The effective manner in which the inclosing membranes of cells assist the action of decomposing forces, is clearly shown from the condition in which the iron occurs in the globules of the blood. From the experiments of Ingelhardt, it appears highly probable, if not absolutely certain, that this iron is in its metallic state. Previous to incineration, it cannot be detected in the blood by ferrocyanide of potassium, tannin, gallic acid, nor even by sulphuric or muriatic acid; but all the iron and magnesium can be separated from the blood by passing a stream of chlorine through it. Now, chlorine acts feebly on the metallic oxides, but combines very readily with the metals themselves; while the acids have no affinity for the metals, but a very powerful one for their oxides. It appears from these facts, that the iron in the globules of the blood is in its metallic state; and its reduction must be mainly due to the membrane composing the cell, though it takes no active part in the operation. Another instance of a similar action is presented in the formation of animal oils and fats in the vesicles, where it is found in animals and in plants. The decomposition in this case is, perhaps, more difficult than the reduction of iron; as an oil must be formed by separating from the carbon and hydrogen, of which it is composed, nearly all the oxygen which they previously contained, and for which they had so powerful an affinity.

The active agents of decomposition which pervade the universe, exert their influence, not only on these particles of matter which are commonly recognized as material elements, but also on those finer particles which are yet concealed from our knowledge. The ancient chemists were baffled in their researches, on account of their ignorance of the existence of gaseous substances; and the investigators of the moderns have been, in like manner, retarded by their inability to detect or to examine those bodies which are too subtle to be retained in our closest vessels. Amidst the infinite variety which is visible in every department of nature, we could not reasonably expect a total absence of

substances, whose atoms may be fine enough to pass through the interstices of materials composed of atoms of a greater size. But, however fine or subtle such bodies may be, the animal and vegetable tissues will, by impeding their diffusion, cause them, like the more gross forms of matter, to yield to those feeble electric forces which animate nature, and to take part in those changes which are peculiar to animated forms. It is, therefore, in organic tissues that such substances may be expected to occur; and there is little doubt that it is their presence that gives rise to the different properties of compounds in which chemists can discover no difference of composition.

The cause of the great advantages which nature possesses for producing compounds which art cannot imitate, will now be apparent. It is well known that the component parts or elements of an animal or a vegetable substance, cannot be made to unite by any contrivance which chemistry has hitherto furnished, and there is reason to believe that these elements refuse to obey the force of affinity which subsists between them, in consequence of their being previously united to some of the subtle substances alluded to. It is only when these combinations are broken up in the several tissues of organic bodies, that the several elements are reduced to a state which is favorable for their union, and for the formation of an organic compound. The influence of these finer kinds of matter is also proved by the fact, that the several elements enter into combination most readily while in their nascent state. The peculiar properties of carbon, oxygen, hydrogen, and nitrogen seem to arise from their affinity for these substances; and hence, the difficulty of making them unite, and the instability of the compounds they form.

Nitrogen, indeed, manifests the greatest reluctance to enter into combination with other bodies, and the capability of fixing it from the air appears to be confined, almost exclusively, to vegetable and to animal structures. Nitric acid and ammonia are, indeed, formed in the atmosphere during thunder storms, at the expense of the elements of the air and water; and a similar formation takes place on the electrolysis of water exposed to the atmosphere. The origin of ammonia in the last case is somewhat doubtful, as a small quantity of this compound is derived from the atmosphere. We, however, recognize an identity in the force which fixes nitrogen in these instances, and the agency which causes its slow assimilation in organized cells and tissues. But if animal and vegetable tissues furnish the most exquisite contrivance for forming compounds of nitrogen, these compounds, on the other hand, are found to be the most suitable for the construction of new cells and tissues. This will lead to an explanation of the power which organized beings possess of multiplying themselves to an indefinite extent, and of continually conferring existence on new tissues and new forms of life.

It is generally maintained by physiologists that the organized structures originate in cells. A tube or duct, for instance, is supposed to be formed by the continuous juncture of several cells, in a longitudinal direction, and the subsequent obliteration of the partitions between them. Now it is difficult to imagine how cells formed separately in a fluid should arrange themselves in a straight line, a phenomena which does not seem likely to result from any conceivable law of attraction. There is, therefore, much reason to believe that each cell is produced at the end of the tube which it assists in forming; and this process, while it seems to accord with observed facts, will be found susceptible of an easy explanation.

Of the compounds of nitrogen, albumen seems to be most frequently employed in giving existence to the first rudiments of organized tissues. This, as well as other compounds used for the same purpose, is coagulated by heat and by the acids; the effect in the latter instance being (as some supposed) due to the removal of some free alkali on which the solubility depends. When a galvanic current is passed through a solution of albumen in water, a coagulum appears, forms at the positive wire. The result seems to be owing to the presence of an acid which is separated at this pole, and which is derived from some salt in the solution, or formed at the expense of the elements of the air and water. Now, if we suppose the current conveyed by a vegetable tube, to be so exceedingly feeble as to be merely capable of accumulating a small drop of acid at the positive electrode, the force exerted on this drop by the current must cause it to assume a spherical form. At its bounding surface, where its acid properties are not neutralized by the current, it must coagulate the albumen exposed to its action, and by this means a cellular wall will be formed. To the remote end of this cell, the pole or seat of galvanic action will be immediately transferred, and a new cell will be, in this manner, brought into existence. Thus cells are continually added to the tube, giving it the beaded appearance which has produced the impression among observers, that tubes are formed by the aggregation of cells previously formed in the surrounding fluid.

The possibility of developing organic structures, at least those of the most simple character, by means of galvanism, admit of an experimental verification. It has been found by the most accurate observations, that yeast, by means of which fermentation is effected, consists of cells collected in rows, and have the power of reproducing themselves. It is accordingly maintained by most physiologists that yeast is a plant. Now wine and other vegetable juices may be kept from fermenting for any period, if the air be excluded; but even in these circumstances, their fermentation and the production of yeast may be caused by a galvanic current passed through them. It appears, also, that other

imperfect forms of vegetation may be produced by galvanic currents, if their tension be sufficiently low. It was in this manner that Weekes is said to have produced a fungus, and even an acarus, both different from any known species ; and though the validity of the latter fact has been questioned by many, there can be little doubt that cells and the incipient structures of organized beings may be generated by ordinary voltaic currents ; and much more is to be expected from those which proceed from chemical changes in the living body.

The animal system, indeed, furnishes numerous instances of such formations, and the conditions under which they occur will reveal the power on which their existence depends. It is well known that cells are copiously formed on surfaces of the various membranes ; and when we reflect that such situations present all the conditions for the formation of an acid, it seems reasonable to ascribe the origin of these cells to drops or particles of acid which accumulate on the membranous surfaces. The function performed at these surfaces is generally ascribed to the cells, and not to the membrane ; but the work of organization seems to be distributed between both—the one being employed to generate the albumen or the plastic material for the structure—the other in producing the acid substance to confer on it the requisite solidity. It must be recollected that the passive part acted by cells and membranes is well adapted to control affinity, and favor the chemical changes required for this object. At the extremity of the lacteals and lymphatics, cells occur in a very great abundance, and their presence in such locations will throw some light on the process under consideration. The globules of the chyle and the blood seem to be manufactured in these tubes—or rather at their extremities, and to be detached from their walls by the fluids, moving within them or in their vicinity. Without insisting on the circulation of an electric current along the lacteals, it is evident that the fluids and salts contained in such narrow passages are susceptible of easy decomposition by any force to which they may be exposed ; but regarding organic forces as identical with electricity, or intimately related to it, it would seem that it is chiefly at the extremities of the tubes that the acids should be liberated to take part in the development of cells.

By examining the manner in which the assimilating forces originate from chemical action in different parts of the human system, and by duly estimating the part performed by the several solid and fluid parts which compose it, the former assisting the operations of organic forces, and the latter undergoing changes in obedience to their influence, we may arrive at a solution of many interesting questions in pathology. But this task I shall defer till another essay. The subject is one of much importance, and investigations relating to it, if prosecuted with sufficient care

and rigor, must be attended with great difficulty. But they seem likely to lead to a more fertile field of discovery than the system of enquiry now pursued, which has caused such an expenditure of time and talent in endeavoring to ascertain whether disease proceeds from a vitiated state of the solids or the fluids of the human body—from a derangement of the vital forces, or from an effort of the system to eject some morbid affection.

MISCELLANEOUS SELECTIONS.

THE "AZTEC CHILDREN."

The Aztec children, lately exhibited in Cincinnati, possess an interest to every philosophical enquirer, far beyond that of Stratton, Hudson, and other miniature editions of humanity. They excite in the beholder, not only the interest which is aroused by all tiny and delicate beings in the human form, for whom we feel a protective kindness, but the more thoughtful interest excited by beings of a strange and foreign race, in whom the laws of Nature receive a new and wonderful illustration.

As to the origin and nationality of the children, I feel but little interest, in comparison with the greater questions of their positive endowments and actual character. The historical and geographical ethnologists may trace a probable origin in Aztec or Toltec nations; but without reference to history it is sufficient for us to know, that the peculiar development of these children must depend upon sufficient natural causes, and what those natural causes must be, is determined by the well established laws of physiology.

Every defect in organic development depends upon the lack of proper exercise and cultivation in the defective organs, while every excess depends upon the opposite cause. Wherever we find a race characterised by a large development of any class of organs, we may be sure that in that race, those organs have been long, habitually, and vigorously exercised. It is equally certain that those organs which we find defective, have long been deprived of adequate cultivation. The development of any race is, therefore, a clue to its past history.

In the transmission of the national characteristics from generation to generation, there are slight individual modifications by the laws of hereditary descent, but the great mass of the characteristics of a race, is transmitted from generation to generation,

with the regularity and certainty with which the earth performs its revolutions round the sun, and repeats, from year to year, the variations of the seasons.

Every child inherits the physical and mental characteristics of its parents, modified by education and by the temporary condition of the parents anterior to its birth. Hence, unless some extraordinary influences have interfered with the ordinary course of nature, the character of the child is a clue to that of the parents. But, as we have no certain means at present, of determining whether such influences have operated in any given case, we cannot attain absolute certainty in such inferences, or know whether the beings before us were produced by the ordinary course of nature, or by extraordinary influences. Offspring may be dwarfed, deformed, imbecile, or gifted with extraordinary powers when their parents have not such peculiarities.

The Aztec children, if they are not the product of any such accidental influence, indicate a very peculiar ancestry. Their small stature and delicate limbs would indicate an ancestry exempt from toil, and unfit for any robust employment. The possession of rank, property, or some sinecure office, is the only mode we can imagine by which, among American Indians, individuals could be exempted from the ordinary labors of life, and enabled to attain such a condition of bodily slenderness. Individuals as defective as these children (it has been suggested,) could not have been enabled to sustain themselves and perpetuate their race without the constant assistance and care of those around them. Hence, it is probable that these children are the results of a process of degeneracy, in which they have taken a long and final step, placing them far below their ancestry, as extreme specimens of what may result from an infraction of the organic laws—a specimen beyond which nature "can no farther go." The suggestion that their ancestors may have occupied sacred offices as priests of an idolatrous religion, appears highly plausible. But even such a supposition would not account for the extreme physical degeneracy of these children. Depraved habits, or incestuous intermarriage under unfavorable circumstances, continued for many generations, would most probably have produced a near approximation to the condition of these children; but even such a supposition is not entirely satisfactory, as such influences would have been apt to produce a more abnormal condition—shown in chronic disorders, deficiencies of the external senses, and the dullness of Cretinism rather than the sprightly and healthy activity of these children.

Dropping the less important question of ancestry, let us look at the children themselves. We are at once struck with their strangely shaped little heads, so widely different from anything that has ever been seen in the Caucasian race. At the same time their general appearance and movements are so widely differ-

ent from our common conceptions of idiocy, or coarse and debased specimens of humanity, that a romantic spectator might easily fancy that we had been visited by diminutive creatures of a different race, from some of our smaller planets, or from our satellite, the Moon—creatures sustaining about the same relation to man, which the asteroids, Pallas and Vesta, sustain to the earth.

In beings of so singular a type, we are authorized to expect decisive facts, bearing upon the great questions of anthropology. A great amount of labor and ingenuity has been employed by the physiologists of Europe, from Rolando to Majendie, for the purpose of determining, by cutting off portions of the brain of living animals, the functions of its various parts. But little success has attended their labors, because while we know but little of the psychological experience of animals, we are not able to make many discoveries as to their cerebral functions while undergoing the pain and disturbance of severe surgical operations upon the brain. Hence, when Nature brings before us, in a healthy subject, the very conditions which we seek to produce by the knife (the partial obliteration of particular organs,) we should rejoice at our good fortune, and study carefully those deviations from the usual routine of vital organization, in which she reveals her secrets to the anthropologist. As the geologist profits by those convulsions which have brought up subterranean strata, to test his favorite theories, so may the anthropologist determine from strange, eccentric races or individuals, the truth of the great systems and propositions which are now in the progress of diffusion and establishment.

There are two great systems of phrenological science now in existence; the one, that originally established by Gall and Spurzheim, the outlines of which are generally known among the intelligent—the other, a more recent system, which has been promulgated by the *Journal of Man*—a system coinciding, in the majority of its doctrines, with the Gallian system, but adding a vast number of new discoveries, and based, not upon craniology or the study of skulls, but upon experiments performed upon the living brain, according to the method discovered ten years since. In several important points, the new system not only adds new discoveries, but corrects important errors in the Gallian system. Every head that is strongly marked by extreme development or deficiency, becomes an *experimentum crucis*, by which we may test the comparative accuracy of the two systems whenever they differ.

The heads of the Aztec children I regard as among the most important and decisive illustrations of phrenological science which have ever been seen. The size of their heads has been compared by Dr. Warren, with the measurements of idiots, as though these children were really defective in cerebral development, which is far from being true. Their heads, on the contrary, are as amply developed in proportion to their bodies, as the

heads of the best specimens of the Caucasian race. The stature of the boy is just half the average stature of well-proportioned men, and the antero-posterior length of his head, as measured by Dr. Warren ($4\frac{1}{4}$ inches,) is just half an inch *larger* than it should be to preserve the average proportion of the best nations of the Caucasian race. This large relative development of brain is shown, not merely by the length of his head, but by all its other measurements. The breadth or thickness of the head, as indicated by Dr. Warren's measurement (nearly four inches in the bi-temporal diameter,) is relatively enormous; being one-third larger than the average proportions of our own race, while the height of the head (which gives development to several of the higher sentiments,) is rather more than usual in proportion to the other dimensions. But the most enormous deviation from the usual form of the human head, is in the disproportion between the anterior and posterior portions. The head is usually balanced upon its condyles, resting upon the spinal column, extending equal distances upon the same plane before and behind the ears. But in the boy Maximo, the occipital half is signally deficient, while the frontal half preponderates so greatly as to cause the head, and indeed the whole body to lean forward, thus producing the attitude which is naturally assumed by all persons under the influence of the anterior organs of the brain—the attitude of thought, of observation, of expression, and of social sympathy.

It thus appears, that so far from being defective in cerebral development, the measurements of the boy Maximo indicate an extraordinary predominance of the brain and nervous system, with his leading organs located in the frontal or intellectual, and superior or moral regions.* In other words, these measurements indicate that he should be, according to principles which all phrenologists recognize, a sensitive, excitable, intelligent, and amiable being, of peculiarly delicate organization, from the predominance of his brain over his muscular system. But when we examine the head by the eye and hand, we observe signal depressions and deficiencies in each region, which modify our opinion, and which render the head a craniological curiosity. Here is the critical test of phrenological science. Let us closely examine these peculiarities. The boy and girl are so remarkably similar in the whole outlines of their heads, that it will be sufficient for the present to refer to the boy alone. Placing the hand so as to span across the head vertically above the ears, we are struck by the extraordinary narrowness in the region which is marked upon the Phrenological chart as Tranquility, Cautiousness, Sanity, and Restraint—never have I seen a head so deficient in these organs; what are we authorized to infer? That he will be utterly incapable of systematic tranquility and self-control, or of quiet

* This predominance of the brain may be explained by reference to the age of the children, as the brain is relatively larger in the young.

and well sustained attention—will be the creature of hasty impulses, restless, locomotive, heedless, hasty, excitable, and inclined to follow every momentary impulse, without the power of exercising his predominant intellectual organs in any way, except in momentary perception—in short, without any mental equilibrium, or strength of mind. Is it true? Look at his movements, running around, looking about, in unceasing motion; he reminds one of a humming bird or a squirrel, a butterfly, or a monkey. You can scarcely detain him in your arms long enough to feel the breadth of his head.

But (it may occur to the reader,) if he is so restless and locomotive, he must be quite efficient and energetic. Not so, his restless activity does not arise from a large development of the basilar organs behind the ears, which give muscular force, but solely from the deficiency which I have just mentioned, which leaves his impulses uncontrolled, and his nervous system void of tranquility.

Look a little higher at the region of Energy, Industry, Temperance, and Conscientiousness or Integrity, on each side of Firmness. There we find another signal deficiency—a deficiency very common in the heads of American Indians. We may infer, therefore, that he has no steady, useful industry, little control over his appetites, and no steady rule of action—no fixed moral principle, or sentiment of justice and honesty. Observe his actions, or enquire of his superintendent, and you will find this is true—he appropriates whatever he sees, and probably before you are done with him, he will have taken something out of your pockets. If allowed the use of spirits as he grows up, he will become a drunkard. At present, as Dr. Warren remarks, "the propensity to constant feeding may also be considered as remarkable; if left to their own inclinations they would undoubtedly keep themselves filled with food." Why this is so, Dr. Warren does not profess to explain. Upon such subjects, physicians and physiologists, who are not acquainted with phrenology, are entirely in the dark. Nor is the Gallian system of phrenology entirely satisfactory. As it has no knowledge of the organ of Temperance, it cannot explain why the organ of Alimentiveness, when large, is sometimes perfectly controlled, and when moderate, is sometimes predominantly active, as in these children.

Why do intelligent physicians, who write upon the head and brain, so frequently render their productions jejune and uninteresting by ignoring the science of Phrenology, which is so easily mastered, and so generally understood? It may be true that it has not been the fashion for medical men to recognize great discoveries without a struggle during the lives of their authors; but they have resisted Phrenology long and vigorously enough to protect them from the suspicion of being easily courted and won by novelties; and, as Gall and Spurzheim have been dead about

the fifth of a century, it is time to be just to their illustrious names, and still more illustrious discoveries. No physician can be considered excusable who passes by their names and their science without even a nod of recognition.

If we look now at the forehead of Maximo, we observe that, notwithstanding the great preponderance of the frontal portion of the brain, which redeems him from grovelling idiocy, his forehead presents the most extreme deficiency in the reasoning organs (the upper and exterior portions,) which are signally depressed. His only intellectual organs distinctly developed, are the lower perceptive range, the organs on the median line of the forehead, which give intuitive sagacity, and perception of character, and the Ideal and Inventive range, which gives breadth to the forehead. This form of development indicates distinctly, that the character of his intellect approaches very closely to that of intelligent animals, as the form of his front lobe is very similar to the contour observable in the ourang-outang, and in the most intelligent of the canine race. We are authorized to pronounce him quick of perception, and quite acute in all the external senses, sensitive to excess, both physically and mentally, and ready to understand the expression of the countenance and the disposition manifested towards him by those around. All this one may observe in a few moments as his character is in continual manifestation, and it is confirmed by the superintendent. The breadth of the forehead is sufficient to produce some little extempore ingenuity and reflection (not reasoning,) with some degree of refinement of character.

Looking above the forehead we find the organ of Pliability (just above Reason) remarkably depressed; hence we may infer a tendency to obstinacy and wayward wilfulness, as the antagonist region, the stubborn portion of Combateness would be predominant. But when we consider the want of stability or steadiness already mentioned, and the predominance of good nature, we would be lead to expect rather a capricious fidgetty waywardness, and a general disposition to deny or refuse at the moment, than any firm persistent obstinacy. Such is his real character.

Looking next at the moral region we find the head remarkably high, giving a large development of Benevolence, Faith, Friendship, Religion, Philanthropy, Hope, Firmness and a full development of Imitation and Love (see Diagram.) Hence we are authorized to pronounce him amiable, friendly, kind and confiding, attached to his friends by kind feeling, and ready to trust any one of prepossessing countenance. These organs in connection with a fair development of Reverence and Modesty (in the temples) give him a rather pleasant disposition, and ideas of good behavior, but on account of the deficiency of Conscientiousness and Self-control, do not admit of his exhibiting much stable moral principle.



AZTEC DWARF (MAME)





Aztec Dwarf, [Female]

Wm. H. & Co.

In the opposite regions adjacent to the ears, we find the animal organs pretty well developed, indicating some inclination to immorality, but too well controlled by Benevolence and Philanthropic for any act of much wickedness or malice. The principal moral failings would be in sensuality, looseness of principle and an unrestrained surrender to passion and impulse.

Above and behind the ear, we find the region of Selfishness and Secretiveness remarkably full. Jealousy, which belongs to the lower portion of Secretiveness, is strongly indicated, notwithstanding his confiding faith. Between these two organs he would exhibit a remarkable play of feelings—alternately jealous, vigilant, sly, cunning, deceitful—and unreservedly confiding, as either feeling was excited.

In the occipital region we find a full development of Self-esteem and Self-confidence, below which in the more authoritative and arrogant region there is a singular deficiency. Hence, although he preserves a certain degree of dignity in his bearing, he is lacking in that authority which controls others with domineering energy, and which would promptly enforce his wishes without respect to persons.

This deficiency is so marked as to render it certain that he could not have descended from a race of warriors or chieftains. On the contrary, I should infer that the employments of his ancestry had been of an eminently pacific and honorable character, but not such as to bring them into contact with society in the struggles of politics or business. Were it not for the deficiency of Industry, I might have suggested agriculture or handicrafts, but as it is, there is no situation to which they could have been so well suited as to participating in the idle ceremonies of idolatrous worship among an ignorant race.

But what are the indications of Maximo's head according to the Gallian system of Phrenology? In most respects they would be similar to what I have just announced. But the Gallian system says nothing of Pliability and of that faith in persons which is distinct from Marvelousness. It would pronounce them deficient in Friendship—because their Adhesiveness is moderate. It has no organs of Temperance, Industry (or Energy) Tranquility, Sanity, Restraint, Arrogance (distinct from Self-esteem) Selfishness nor intuitive perception, hence it would fail to reach some of the most remarkable and peculiar points of the character. Neither does it contain any cerebral organs for the external senses or for general Sensibility and mental Sensitiveness. Nor does it recognize the distinction between Cautiousness and Fear. The former being deficient, it would not perceive the development of the latter which is actually full in the head and in the character.

But the most intense phrenological interest of these heads concentrates upon the so called organs of *Philoprogenitiveness* and *Concentrativeness*. I have long since demonstrated the fallacy of the

doctrines which locate these two traits of character in organs, upon the median line of the occiput. Phrenology as taught by Spurzheim, recognized an organ of Inhabitiveness below Self-esteem. As taught by Mr. Combe, it recognised an organ of Concentrativeness. Both of these deviations from the original doctrines of Gall, were deviations into error, and my own positive experiments have vindicated the superior sagacity of Gall. There is no organ of Concentrativeness or of Inhabitiveness in the position assigned them, which is really occupied by Self-confidence, and the upper portion of the Love of Power. Inhabitiveness belongs to the region adjacent to Patriotism, or Love of Country, and Concentrativeness belongs to the region of Sanity and Tranquility. Here then is a plain and decisive test of these doctrines. The heads of these children are largely developed on the median line at the locality which with Spurzheim is Inhabitiveness—with Combe and the majority of phrenologists, is Concentrativeness. The organ projects in a bold and salient manner. But do they possess either of those traits? Does their actual character lend any support whatever, to the theories of Spurzheim and Combe? On the contrary, it affords a positive and unanswerable refutation of each. They have Self-confidence enough as any one may see at a glance, but being deficient in the truly Concentrative and Inhabitive regions, (just above Cautiousness) they are pre-eminent characterized by their incapacity for steady concentration and their aversion to any fixed locality. Their lives appear to be a continual restless flutter, and their minds like their bodies dwell upon nothing long.

Still more decisive is the refutation given to the most remarkable error of the Gallian system of Phrenology—an error of Gall himself, in reference to the supposed organ of Philoprogenitiveness. True, a host of facts go to refute his assumption, and it is refuted by clear undeniable experiments upon the living—refuted by the cranium of almost every homicide—refuted by the cranium of Margaret Gottfried and of Spurzheim himself; but here is an example more striking than any which have yet occurred as a test of the doctrine. The heads of these children present the most extreme deficiency which has ever been noticed, to my knowledge, in any living individual in the so called organ of Philoprogenitiveness. A deficiency which destroys the symmetry of the head, leaving an enormous preponderance in front of the ears. The measurements from the cavity of the ear around the forehead, (according to Dr. Warren,) excel the measurement around the occiput fully two inches. This would indicate the relative direct prominence of the forehead and occiput (which are usually equal) to be in the ratio of 5 to 3. (The ratio of 3.17 in. to 1.87.) But the disparity is still more striking to the eye and the hand than it appears by this measurement. The organ of Philoprogenitiveness, (so called,)

is here more defective than in any recorded example. What is the consequence? Are they like Margaret Gottfried who poisoned her own children secretly to get rid of them, and poisoned her neighbor's children through petty malignity? Are they averse to children, to animals, to pets, and dolls? Far from it, the facts are the very reverse of what this theory demands. Margaret Gottfried, with an enormous development of the so called Philoprogenitiveness, which is really the region of Arrogance, Cruelty and Hatred, was pleased to murder children from the most paltry motives. But these little Aztecs, whose occiputs appear deformed by the deficiency of the organ in question, manifest no such disposition. They are fond of children and pets, the girl caresses her doll and both manifest this affectionate instinct fully as much as is usual with children, because they have in reality a full development of the organ of Affection or Love.

The heads of these two children are so similar that I have heretofore taken the boy alone as the representative of their character. I would now remark, that upon the whole, his head is superior to that of the girl Bartola. The intellectual region is fuller and he is a trifle less developed in the region of the violent propensities and slightly less in the affections. He is probably more thoughtful and mild and less jealous. The girl I was informed in corroboration of my opinion, was formerly accustomed to get quite angry and throw herself down if the boy happened to be served at the table before herself.

When I visited these children in company with their intelligent superintendent Mr. Knox, I made a phrenological examination and explained their characters as above described, and found my opinions corroborated in every particular by him from his personal observation. As to their physiological constitution and peculiarities I need not say anything at present, but would merely remark that these are as clearly and decisively illustrated by an examination of their heads as their phrenological characteristics.

—*Buchanan's Journal of Man.*

MAGNESIA AN ANTIDOTE TO SALTS OF COPPER.

M. ROUCHER mentions, in the 'Gazette Medicale de Strasbourg,' some experiments of his which would tend to prove—1. That calcined magnesia arrests the symptoms of poisoning by sulphate of copper, when it is administered soon enough after the ingestion of the salt. 2. That the dose of magnesia requisite to neutralize the effects of the sulphate, is at least eight parts of the antidote for one of the poison. 3. That inasmuch as magnesia comports itself with the other salts of copper in the same manner as with the sulphate, it is extremely probable that magnesia will prove an efficacious antidote for all the salts of copper.—[*London Lancet.*

LITHIASIS IN RUSSIA.

We learn from the Edinburgh Journal of Medicine, that at a recent meeting of the Swedish Medical Society, Dr. Grahs communicated the following notice regarding the prevalence of lithiasis in Russia. It would seem that calculous affections are much more common in that country than among us—more so even than in our south-western States, where they are supposed particularly to abound. Some of the Russian surgeons consequently have an extensive practice in lithotomy, their operations being much more numerous than those of Prof. Dudley, of Lexington, whose cases in the beginning of 1846 amounted to 185. It is thought that in this country urinary calculi are principally formed in limestone districts, the impregnation of the water with lime in those places being probably the cause. The following is Dr. Grahs' report.

"Lithiasis, and especially stone in the bladder, is a very common disease in Russia, and particularly in Moscow. It is not there, as with us, chiefly an affection which prevails among those advanced in years, and of the so-called better classes, or among children of the lower ranks, but it occurs in every station, and at all ages, especially among the middle classes, the peasants and the commonalty. Of the causes which conduce to this prevalence, much has been both said and written. Many believe that the affection arises from the quantity of quass which is consumed. (Quass is a liquor which, in its properties, has some resemblance to French cider, and is prepared from barley, black bread, spices, &c., being used as generally as our small beer.) In all probability, however, the cause is to be looked for in the qualities of the water, and in peculiarities of climate.

"The most ordinary operative treatment is by lithotomy. In former times this operation was practiced in Russia, as in other countries, by persons who rendered it an exclusive occupation, and whose art descended as a heritage in certain families, among which that of Benedictoff was particularly distinguished. At a more recent period, especially since the commencement of the present century, the duty was assumed by the regular faculty, and the method which was almost exclusively adopted, and is still employed by them, was the lateral section after the manner of Frere Come, with the *lithotome cachee*. Amongst the surgeons now living in Moscow, who have performed the greatest number of operations of lithotomy, are Alphonsky, of the Foundling Hospital, who has had the good fortune to have operated forty-seven times in a single year, with the death of only a single patient; and Prof. Pohl, of the Catherine's Hospital, who has operated on not fewer than 1100 occasions. Assow, a pupil of Alphonsky, published in 1841, a dissertation on this subject, in which he has collated 3000 operations for the stone, performed

since 1807, partly in Moscow and partly in Smolensk. Of these there occurred (from 1808 to 1837) 1471 in the Mary's Hospital at Moscow alone, regarding which a separate report has been published in Russian, which the reporter now presents to the society."—[*Boston Med. and Surg. Journal.*

TREATMENT OF HEMORRHOIDS.

In the October number of the *Stethoscope*, Dr. Thweatt records the result of a trial made with nitric acid (officinal preparation) in this disease. The patient had been afflicted with bleeding piles, during fifteen years, with a prolapsus recti on each attempt at stool. He had undergone every plan of treatment. Dr. T. recommended cauterization with nitric acid, to which he assented. It was done by pencilling the tumors until it produced a change lor. The operation produced very little pain, and the parts were dressed with lint and sweet oil. On the second day, he was entirely free from pain; the piles were less congested and slightly diminished in size; the bright red color was changed to a dirty brown. He was made to strain at stool, which act brought into view tumors situated higher in the intestines. These were cauterized as the first, a straining, burning pain being excited. On the third day, the piles were again touched. A short time after the last pencilling, he was well; no tumors either internal or external, and there was no further prolapse of the gut.—*Charleston Medical Journal and Review.*

MONSTROSITY.

Drs. J. Cohen and M. A. Durr, physicians of Jacksonville, Telfair Co., Georgia, have in their office a curious natural phenomenon, in the shape of a negro child, born upon the premises of David J. Williams, of that town, which weighed twelve pounds, and had two well formed and separate heads and necks, two arms, and two spinal columns, three legs with feet attached, two in their natural position and the other coming out on the back of the region of the hips, with two hearts, partially joined together, two lungs, and other anomalies.—*Boston Med. and Surg. Journal.*

DEATH OF PRIESSNITZ, THE HYDROPATHIST.

This somewhat distinguished individual has recently died at his home in Grafenberg. Neither his faith nor his works could ward off the attack of disease. A letter, published in the papers, says of him:

"For the last year Priessnitz had felt himself gradually sinking, and this winter, for the first time during a long period of practical life, he found himself obliged to limit his visits to the immediate vicinity of his residence at Grafenberg. Within a month before his demise, he showed symptoms of general dropsical complaint. He treated himself with the utmost clearness of mind, but entertained little hope of his eventual recovery.— He said he should not live to see the Spring return. Up to almost the very last day of his life he continued to give his advice to those who sought him. Poor Priessnitz, his head was perfectly clear to the last, but he looked like a shadow, and without a smile any longer on his face. The day before his death, after taking the 'cure' (as the curative process is here called), he was seen sawing wood for exercise, in a warm room, and very warmly clad. Thus it is evident the extraordinary will and moral courage, upheld by faith in the hydropathic cure, which he had shown with regard to others all his life, was strong in him to the last. On the day of his death, the 28th of November, his symptoms became aggravated; he grew weaker and weaker, and about five in the afternoon, he laid himself on his bed, without any assistance, and in one minute afterwards he breathed his last. He was only 52. In early life he received serious injury in the chest, from an accident; and he used to say himself that his constitution was bad: that nothing but his own mode of life and his own 'cure' would have sustained him."—*Bos. Med and Surg. Journal.*

TREATMENT OF ANEURISM BY COMPRESSION.

Mr. Tufnell, surgeon to the City of Dublin Hospital, is the author of a recent work on the treatment of aneurism by compression, with plates of the instruments hitherto employed in Dublin, and the recent improvements by elastic pressure. The work has not been republished in this country. We learn from the London Medical Gazette that the author sums up the evidence in favor of compression, by giving a table of 39 cases of aneurism treated by this method in Dublin, during the past year, with the following results:

"In thirty of these cases the cure has been perfect and complete. In one, compression was discontinued, the aneurism not increasing subsequently in size. In two, the ligature was resorted to, and the artery tied with success. In three, amputation was necessary, each instance being followed by recovery. In one case death ensued from erysipelas. And two died from co-existing disease of the heart."—*Boston Med. and Surg. Journal*.

PART III.---EDITORIAL.

THE PLAN PROPOSED!

In our last number we proposed to bring forward a plan by which the united energies of the friends of Eclecticism might give to our cause a more commanding position than it has ever yet enjoyed. That plan we have developed in the following lecture before the medical class of the Institute, to which we now earnestly invite the attention of our readers:

THE NEW MOVEMENT!

Lecture delivered by PROF. J. R. BUCHANAN, to the Medical Class of the E. M. Institute, on Thursday evening, Jan. 15, 1852.

GENTLEMEN:—

Few of the friends of medical Reform have ever realized, distinctly and exactly, the immense aggregate importance of our movement. It has not been in our power until rather recently, to form any very definite estimates, because the statistics were not in our possession. Nor do we yet know as much as should be known to estimate accurately the value of medical reform.

This can be accurately determined only by a comparison of the old and new systems of practice, tried under the same circumstances in a public Hospital. We have anxiously sought to subject the two systems to this fair and public trial, and if the Faculty who have controlled the hospital, were sincere and honest men they would not object. They know that we have ample

evidence of the superiority of our practice—they know that we are willing to take charge of one or more wards, or the whole, and bind ourselves under the most solemn penalties to produce better results, and a less mortality than they have ever produced, and if they were honest, they would permit us to go there and save the lives of some of the hundreds who perish under their hands. And when they saw our superior success, they would honestly adopt our measures and give us due credit. If they sincerely believed they had a better system, and that our improvements were fallacious, or of no practical value—why do they not put our system upon a public trial in the Hospital, on those diseases where they fail so signally, and where we claim to produce results that are perfectly contrasted? If we cannot do this, let us be publicly put upon trial—publicly refuted, and forever silenced!

We are willing to enter into bond and penalty upon these conditions that we shall treat a corresponding No. of similar patients, in the Cincinnati Commercial Hospital, and if we do not exhibit superior results, to those which have been produced by the Faculty of the Ohio Medical College, we shall close the doors of the Institute, and surrender our charter as a medical school. Would our opponents be willing to place us thus under trial? never—they would sooner surrender the Hospital, and abandon their field, than have their results and ours thus officially recorded and published in parallel columns, and they have not scrupled to confess publicly that they would rather surrender the Hospital than be subjected to such a comparison as we demand. Under these circumstances, can any one doubt that the system maintained by the old state school in this city, is a miserable and a dishonest imposition upon the public credulity, and upon their victimised patients?

That it is a dishonest and wilful imposition, is further proved by the dishonest and unfair means used in sustaining it. Truth never dreads the light—never shuns comparison with error. If the Faculty in question were honest in their faith and practice, they would not suppress and conceal the statistics of all other systems of medicine, in order to deceive their pupils—they would not take such pains to induce their pupils to keep away from all other lectures and books but their own—they would not take so much pains to excite anger, hatred and contempt, which prevent all honest investigations and destroy the social harmony of the profession—they would not take such pains to misrepresent the doctrines and character of other schools, and when requested to correct their misstatements utterly refuse to retract, or modify anything, or to admit any species of reply, whatever, in their Journal. No matter how flagrant a falsehood may be published by the Lancet, we know by repeated experience, that it is utterly impossible to procure the slightest amendment or correction.

Under these circumstances, coming into competition with opponents in our neighboring college, who scorn all professional honesty and fairness, it is impossible to procure comparative statistics by mutual arrangements and reports, and it becomes necessary to seek indirectly for those statistics which they are so reluctant to give.

The members of the medical profession have been remarkably backward as to informing us what is the mortality of their practice in general, as well as in various diseases. In Cincinnati upon the visit of the cholera, physicians were required to report the number of their cases and deaths—but very soon it became apparent that the number of deaths was so much greater than it should be—so much greater than it was at the same time under our own system, that the physicians refused positively to report any more. Nevertheless, owing to the operations of governments, life insurance societies, &c., some of the statistics upon these subjects are now within our reach. These statistics demonstrate a mortality which is truly appalling when we view its results upon a large scale.*

According to the estimate of the distinguished editor of the *Medico-Chirurgical Review*, there are, on an average, twenty cases of sickness to one case of death—in other words, the average mortality of diseases treated by physicians is five per cent. upon the number of cases treated. This is probably a fair and reasonable estimate of the average results of medical practice, and will be confirmed by reference to other facts and cases.

The estimates of Dr. Lyon Playfair, from observations at Liverpool and Manchester, and of Mr. Shattuck, at Boston, place the mortality at a fraction less than five per cent. upon the number of cases.

The estimates of Mr. Nelson, based upon the records of numerous beneficiary societies, placed the mortality at very nearly six per cent. This is probably a little above the true amount, because cases of sickness of a mild character, lasting less than a week, are not included in their reports.

In the Louisville Marine Hospital, the mortality has been almost exactly seven per cent.

And in that den of benighted quackery, the Cincinnati Commercial Hospital, the mortality has been about *seventeen* per cent. But as that wretched institution is not a fair example of the orthodox practice, we should not hold the profession generally responsible for the mal-practice of those who within its walls display their incompetence at the expense of the miserable patients.

Assuming the medium ratio of five per cent as the proportion of deaths to attacks of disease, we may calculate the aggregate amounts of disease and mortality in our country.

* Not having time to refer to the original documents, for these statistics, I have relied upon the statements given by Prof. Rogers, of Louisville, in a recent Lecture.

The aggregate mortality of population, according to the facts furnished by the government of Great Britain, is two per cent upon the whole number of the people; and as it is believed to be five per cent upon cases of disease, (there being twenty cases of disease to one of death,) it follows that they have forty cases of disease per annum to every hundred people.

At these rates, a million of our people would have every year 400,000 cases of disease, and 20,000 deaths; and our whole country, according to the population of the last census, would have annually among twenty-three millions of people, 9,200,000 cases of disease, and 460,000 deaths.

According to the hygienic doctrines which I have taught, at least eight millions of these cases are cases of unnecessary disease, which would not have existed but in consequence of vicious lives, and ignorance of the fixed laws of health. And when the benign spirit of medical reform has spread throughout our land—when the popular mind is fully enlightened in the sciences of General Anthropology, Physiology and Hygiene, these eight millions of cases of disease will be replaced by eight millions of health; and as each case of disease must be supposed to cost, at the lowest estimate, more than fifteen dollars of lost time and labor, we shall thereby gain at least \$112,000,000, which is now lost annually. I know that this is much too small an estimate, but I am anxious to place all my estimates as far as possible from exaggeration, and to state a little less than the whole terrible truth.

The amount of suffering and misery involved in this loss by disease—the amount of pain, disgust and weariness of life, are millions upon millions beyond our calculation. And yet all this mighty mass of evil can be prevented, and the medical profession, with the co-operation of the other learned professions, could have abolished it. They have failed in their duty. Let us advance to the task. Let us enlighten the public mind as to the laws of health, and urgently direct their attention to those publications from which a proper knowledge may be obtained.

But our especial business is not so much to prevent disease, for which we get few thanks, as to cure it when it comes; for this we may obtain a share of gratitude, and of honest compensation.

But I am sorry to say physicians are paid in inverse proportion to the performance of their duty. If they keep the community in perfect health, they starve. If they cure their patients too quickly, instead of getting more pay, they get less. If they arrest a formidable disease at its onset, instead of fifty dollars, they get from one to five; and it is very seriously doubted when a patient is cured so quickly whether there was much the matter with him after all. But if a very dignified and learned gentleman of imposing manners at his first visit wears a very long face,

and pronounces the life of the patient in the most imminent danger—if he brings forth an array of instruments, and plunging a lancet into the arm, extracts a hundred and sixty ounces of blood, leaving the disease, however, in full force to riot on its feeble subject; and if, in addition to this, he places the poor wretch under the full influence of antimony and salivating doses of mercury, the patient and his friends will be convinced in the course of a few weeks that his life is really in danger; and if, after he has been at the very door of death for several days, he is permitted to recover, there are no bounds to his gratitude toward the learned Doctor who snatched him from the grave; and he not only pays a hundred dollars with great cheerfulness, but becomes a staunch supporter of the learned, scientific and benevolent system that saved his life.

Our business gentlemen is still under all the disadvantages from public ignorance of hygiene and medicine, to prevent this deplorable mortality. In the United States, we do not know its exact amount, but in the large cities it has been much greater than the amount (2 per cent.) which I have mentioned. Mr. Shattuck estimates the mortality of Massachusetts at as high as 2 1-4 per cent. In Boston, (1850,) it was 2.63—and for ten years, from 1840 to 1850, it was about 2 1-2, (2.44.) In Baltimore it has been 2 1-2 for a term of fourteen years. In Charleston, for 27 years, a trifle over 2 1-2. In Savannah, for eight years, over 4 per cent. And in New Orleans, for four years, 8.1 per cent; and even in a comparatively healthy year over six per cent.

The grand question for our solution as medical men is, how much of this terrible waste of life can we prevent by introducing a rational system of medical practice. The established system loses in all varieties of disease, five per cent, and in sickly seasons much more. In cholera, we know by common admission that it loses from twenty to fifty per cent—while the Eclectic practice, under the very same circumstances, loses about five per cent. This disparity is so appalling—so startling a fact, that we cannot contemplate it without wonder. The fact is incontestible, that the whole number of deaths among our Eclectic practitioners in cholera was less than five per cent. of the whole number of their cases. And even if we should suppose that one half of the cases reported as cholera by intelligent physicians were of a mild character, and exclude all but the more severe and dangerous attacks—if we should exclude more than half, and estimate the mortality consequently at ten per cent., the disparity is still astonishing.

In other diseases which are less dangerous to life, we cannot expect to present so great a contrast as in cholera; but I think the statistics which we have gathered, warrant the assumption that in all varieties of disease, the mortality under the Eclectic practice is not more than the half of that under the old system.

Estimating the mortality of the old system at five per cent, it

is certainly more than twice as great as it should be. The returns of practice which were received from practitioners reporting to the National Eclectic Medical Association, exhibit in their aggregate results a mortality of less than two per cent. These returns are perhaps not sufficiently extensive to be made the basis of a positive calculation, but they are of such a character, being from reliable sources, and exhibiting a mortality of less than two per cent, that we are safe from the charge of exaggeration when we claim that it does not exceed 2 per cent.

Here then is the glorious mission of Eclectic Reform—to shorten the treatment of disease—to produce satisfactory recoveries, and to save the lives of one half of those who perish from an injudicious system of practice.

I do not mean to say that we can reduce the entire mortality one half; for a large proportion of the deaths are the effects of accidents and injuries—of old age, and sudden failure of the vital powers, and therefore are excluded from our calculation; but I do say that a great number of lives may be saved; and if we estimate the physicians of the United States at fifty thousand—supposing each to attend only two hundred cases of disease per annum, and to lose five per cent., or ten patients, we have an aggregate mortality of 500,000.

Our statistics thus far would sanction the conclusion that the prevalence of the Eclectic practice would reduce the mortality to 200,000, saving 300,000 lives per annum.

But supposing all statistics fallacious and exaggerated—supposing that only one third of this is true, our reform would still result in saving—in restoring to life and usefulness a hundred thousand fathers and mothers, children and friends—young women in the bloom of beauty and loveliness—children to whom the parents looked as their pride and their hope—husbands restored to dependent wives—mothers restored to children—friends to friends—men of business to their great undertakings, and those dependent upon them. Yes, in our own city, if the Eclectic system had been followed by all during the prevalence of cholera in 1848, we are authorized to say, that of the 4000 corpses now mouldering in our grave-yards, 3000 would still be living men and women!! Shall these terrible realities continue, and no one be held responsible? Amid the vast multitude who might be saved to life and happiness throughout our country, we should behold the statesmen, the orators, the philanthropists restored to an admiring nation. When we remember the fate of Washington, of Harrison and of Taylor, perishing each under scientific mal-treatment, whose lives might have been saved, our cause assumes additional moral sublimity. The long array of a hundred thousand men, women and children, headed by the venerable forms of our departed presidents, rise before us as the victims of scientific errors, and we are called upon by humanity

and by liberty herself to rouse up and interpose the shield of a benevolent science between the unconscious victims yet living, and the impending death.

Yes, we cannot avoid the conclusion that there are at this time 100,000 people living in our country in unconscious security, who are doomed to perish in the year 1852, but whose lives might be protected and prolonged if our country were in the enjoyment of a rational Eclectic system of medical practice.

Gentlemen, we are engaged in a grand battle against Disease and Death—a hundred thousand victims annually struck down, demand our sympathy and help. The young men of our country, will respond to this demand.

I am proud to see, that our countrymen sympathize with Kosuth in his struggle against Austrian despotism. But has the cause of Hungary, any higher claims than our grand yet peaceful struggle against the fell destroyer? Are there more lives, or more of human suffering involved in that struggle than in ours. Did ever an Austrian government, in cold blood, send to their graves in a single year, one hundred thousand citizens? Did ever the despotism of the old world inflict that amount of helpless anguish which is inflicted by the ravages of unrelieved disease?

Is not the suffering of the man, whose limbs tremble for want of blood, and whose frame is permeated by slow poisons, and racked by pains, who eagerly anticipates relief by death—is not his condition worse than that of any prisoner in an Austrian dungeon? Ah Gentlemen! the horrors of political despotism are terrible indeed, and sufficient to arouse the free millions, with sword and bayonet in hand—and I tell you that the horrors of medical despotism—the thousands, stretched at this very moment upon beds of anguish from which they can never recover—demand that we should rouse up with a spirit like that of the Hungarian hero, and say with him that God wills the triumph of the truth, and if in this cause we should ever be defeated or depressed for a time, we shall only gain new strength to rise again more powerful.

But we are not yet defeated—our cause is onward—we have already sent forth between two and three hundred graduates, and if they are doing their duty they are now diminishing the annual mortality of the nation, more than one thousand.

Our task is just begun. The grand campaign lies before us. How shall we proceed?

To all who are aware of the importance of medical reform, it becomes a question of the deepest interest, *in what manner may we secure the progress and triumph of our cause?*

To this there can be but one answer. *It must be done by inducing a sufficient number of talented and worthy young men to enter our ranks.* That is the only way to conquer the world. . . When

Napoleon encountered the Kingdoms of Europe, his reliance was upon filling his ranks by a merciless conscription—when England through past centuries maintained the title of mistress of the seas, she relied upon the energetic operations of the press-gang to fill her ships. But in moral causes we must operate by attraction and persuasion—to obtain our army of reform.

When Christianity in the persons of a few poor fishermen went forth to conquer the world, it relied solely on their zeal, and their moral power of persuasion, and by those powers mainly the civilized world was conquered.

If a few humble preachers could convert the European world to Christianity, if a few humble temperance reformers could organize a movement which saves millions from intoxication and death, cannot two or three thousand organized medical reformers in America, save this land from the evils, and devastation produced by medical ignorance and error.

Yes, gentlemen, we can, and to you as an important portion of that two thousand, I appeal, to join with us in this movement, with a zeal proportioned to its importance. *Three things are to be done.*

1st. Our army must be enlarged by the constant unremitting efforts of the friends of our cause. To keep up the figure I should say we must open a recruiting office in every city and village throughout the land. Every pupil who goes from these halls, and every physician who favors our principles should consider himself a recruiting agent for the school, and send us every year a judicious selection of pupils, comprising the best talent and moral worth of the region from which they come. This is the great measure to which all others are secondary.

2. The principles of true medical science should be diffused throughout the length and breadth of the land by books of a high scientific character, as well as by periodicals and works designed for popular circulation. Every one should feel it his duty to promote their circulation as far as he possibly can.

3dly. The Faculty of the Institute should go hand in hand with the whole profession, and make such efforts as are worthy of the cause. Our College building should be completed according to the original plan, so as to make an edifice of imposing magnitude. In connexion with the College, we should establish a Hospital, in which we could demonstrate our principles upon patients, and show to a class of five hundred young men, and to the whole community, that the American Eclectic practice was a living triumph of therapeutics. Moreover, we should bring to bear upon the classes in our ample halls, every additional facility of illustration that could be procured, and to crown the whole, we should open our doors with a generous liberality, that no young man should ever be deterred, by poverty, from studying medicine.

We must do something of this sort—we must all make sacrifices for the truth. The primitive teachers of Christianity went forth without money and without salary to regenerate the world. We must imitate their example if we would produce similar results. But it is not possible to build a College—to sustain it—to sustain ourselves—and to give our time and labor to the public, while we abandon our families to want and suffering, and condemn ourselves to rigid poverty.

We are willing to make sacrifices hereafter, as we have heretofore, but we cannot bear the entire burden of our cause, and become martyrs to our zeal. Therefore it is, gentlemen, that I come before you now, as an important portion of the army of reform, to speak to you upon this subject, and to consult with you upon this movement, to know how much will be done by you for the common cause—how much shall be done by the Faculty, and how great a pecuniary concession it would be desirable and possible for us to make, in order to facilitate the study of medicine and attract a larger number to fill our halls. If we could obtain a proper endowment, I should be in favor of throwing open an ample hall of medical instruction—free to the wide world without money and without price. But, as no endowment has been offered, the question is, how much can we venture to do upon our own responsibility, and how much do you, as friends of the cause, desire that we should do?

It is necessary, on this occasion, to correct a very erroneous impression which many entertain in regard to the nature and relations of medical schools. It is commonly supposed that a medical professorship is not only a very honorable, but also a very lucrative position, to which every one who is competent, would eagerly aspire, and that the successful occupant of a chair is one of the favorites of fortune. This impression gives many a desire to occupy such a position, who, if they knew the whole truth, would lose all such desires.

A medical professorship, to be filled in a creditable manner with men of such ability and knowledge as would render a school successful, requires a high order of talent and learning; such an amount as will give the individuals a wide-spread reputation, and enable them to draw students from a distance. Men of less ability and less reputation, will only expose their deficiencies to criticism when they undertake to teach, and their classes will be too meagre to afford them any satisfactory recompense for their labor, unless sustained by able associates. They will struggle on to gratify their pride, and finally give it up after losing their time and practice, and endeavor to seek more substantial benefits, or more lucrative pursuits. But men of such abilities as could give reputation to a school, have nothing to gain in a pecuniary point of view, from entering upon a professorship. On the contrary, men of such commanding talents as medical colle-

ges require amid all the active competition of this intellectual age, can generally bring those talents to a better market any where else, than in a medical school. Among the eminent physicians of London, it is not uncommon for medical professors, when they have attained a certain amount of distinction and success, to resign their professorships in order to attend to the more lucrative engagements of private practice; and both in England and in our own country, it is often difficult for the medical schools to get into their chairs the best talents of the profession. Inferior men are always eager to accept a place, and often intrigue to obtain it; *they* desire a position which confers honor upon them; but *the College* desires men who can confer honor upon it; and such men are often situated so as to attain much higher honors and much larger incomes than are to be derived from a medical school; and, consequently, it is difficult to induce them to sacrifice their brilliant prospects by confining themselves to a college. Extraordinary inducements may be offered them: such as doubling their legitimate salaries, or conferring some unusual honor, or in some other mode promoting their views, so as to induce them to accept a place.

I could mention, at this time, several professors in our best American schools, who have been procured only by making these unusual concessions, and others who would gladly be appointed to professorships, if they could be induced to accept, and lend their influence.

We may therefore say, that the class of men who are sought by Colleges to elevate their reputation and promote their success, are the only real elevators of the profession; while, on the other hand, the class of men who are seeking to place themselves in professional chairs, in order that *they* may profit by the reputation which *other* men have given to the school, are, in reality, but an incubus on the profession. In reference to medical schools, every physician should, I think, be governed by the rule of Gen. Jackson in reference to the Presidency, neither to seek nor to decline an office. If one is qualified to serve the public, and allows his talent to be visible in its proper sphere, as a practitioner, author, or teacher, he will soon be sought to fill responsible positions, where able men are needed and must be obtained. But, if he is not qualified, he will not be desired; and if he is not desired, he should, in justice to the whole profession, stand out of the way.

Under the old system of medical schools, intrigue and accident sometimes place individuals in such positions that it is difficult to dislodge them; and I would refer to one instance, in a flourishing medical school, where a gentleman of respectable powers and learning, but not adapted to so elevated a position, had fastened on to the most important professorship of the school. The Faculty were greatly oppressed by this incubus upon their prosperi-

ty, and as they had no other way to get rid of him to make room for a man of a higher order of talents, they actually made a joint subscription, and paid him \$6,000 to resign and let a better man come in his place.

If it be difficult to induce men of the highest order to enter into a common medical school, it is still more difficult to induce them to engage in the tedious, vexatious, and expensive task of building up a school by their own resources. These are some of the reasons why medical schools have not been generally equal to the public expectations, and have so often been occupied by second rate, or even fourth rate men.

If these views are correct, we cannot expect a medical school of a high order, except when the Faculty consists of men whose abilities and reputation are such that in accepting a place, they make a sacrifice of pecuniary interest. To this sacrifice they may be led by a love of fame, by a love of science, and of teaching, or by pure philanthropy, and a desire to elevate the profession.

In point of numbers, our Institute ranks among the most successful schools of our country, although it was established in the face of a formidable opposition. And its history is no exception to what I have just stated. The school has been maintained and reared to its proud position by means of unusual exertions on the part of its Faculty, who have sacrificed personal aims and advantages, to the prosperity of their favorite enterprise.

Those who have filled the chairs of the Institute have, with few exceptions, been men that were needed and called upon to occupy their respective positions, because they were esteemed the most competent individuals within reach. The respective professors have generally occupied their places, not because they had sought and desired such positions, but because they were urgently desired by their colleagues, and because their services were really necessary to the success of the school. If any individual was not esteemed by his colleagues an important acquisition, he stood ready to withdraw and make room for more useful members. Thus each member of the Faculty, ardently desiring the triumph of medical reform, would desire his colleagues to go on, and being told that his own services were indispensable, he would consent to labor with them to effect the common object.

Some of us have found it necessary for the cause, to remove from a distance; to leave our families under embarrassing circumstances; to abandon profitable pursuits and other vocations upon which our hearts were set, and to which we would desire, if possible, to return. But we are not willing to abandon this field and let the flood of medical error sweep unchecked over the whole land. No, gentlemen, although our friends may beg us to withdraw from an unprofitable and laborious occupation, we are not disposed to shrink back from the position assigned us. If it

devolves upon us to stand on the walls and defend our land from the encroachments of medical error, we would say, let us stand with the resolute spirit of Leonidas at Thermopylæ. Let us consecrate our energies to this cause, like our forefathers of the Revolution. Let us resolve to move onward with an energy which must carry all before it.

And now, gentlemen, as a member of this Faculty, I give it as my solemn conviction, that it is our duty at the present time, as we have already sacrificed our own advantage and pleasure to this movement, to go still farther, and virtually abandon the idea of deriving a profitable revenue from our labor; to reduce our fees down to the smallest possible sum, and then, with our doors open to all the world, call upon you and all our friends to send in recruits to the army of reform.

Yes, gentlemen, for several years I have indulged the pleasing anticipation that the time might come, when I should stand in the central American city of Cincinnati, in a noble Hall devoted to medicine—free in point of medical doctrine—free in point of expense to its pupils, and emphatically the *Free College of America*.

I may have been too sanguine, but I think it is near at hand. I have laid this matter before our Faculty, and they have deliberated upon the subject. They are willing to act; they are willing to open their doors still wider; and it only remains to determine how much we shall ask them to do.

You will bear in mind, gentlemen, that they have most faithfully and laboriously earned what they have heretofore received, and that a large portion of what they have justly earned, has never been paid. And yet, they feel disposed, if possible, to say at once, we renounce the idea of making medical instruction a matter of pecuniary business; we invite the whole profession to send in their pupils; we will give them our services, and make it a labor of love.

If we act in this spirit, it must be a labor of love with all.—You must labor, gentlemen, unceasingly, to swell our ranks.—We must all labor to redeem our country.

There are three propositions which may be practicable.

1st. To raise, by subscription, an endowment for the college, and declare it at once a free school.

2d. To declare one-half of the chairs free, or, in other words, to reduce its fees one half.

3d. To declare all the regular fees of the school abolished—to the amount of sixty or seventy dollars per session, and to make no charges but the incidental fees of matriculation, graduation, and dissection.

Of these three measures, I prefer the first and last. If our friends will raise a suitable endowment to pay our debts, and furnish our edifice, we may establish a free medical college; but this would probably require time, and I am desirous of adopting

such measures as would go into operation for the approaching spring session.

If a reduction of our fees from \$10 to \$5 for each chair would answer our purpose, I would urge its adoption; but in such things as this, I am in favor of no half-way measures. I wish to see such a course adopted as would render ours emphatically the great free school of America; hence, I am desirous of adopting the 3d plan, and declaring our \$60 fees abolished *in toto*, and opening the school to all classes of students, as it has been to district students heretofore, in accordance with the laws of Ohio.

To meet our necessary expenses under this enormous reduction, it would be necessary to place our matriculation fee at ten dollars, and to have the usual fees of colleges for graduation and for dissection.

With these exceptions, our \$60 fee and our \$100 fee being swept away, we might justly present the Institute before the world as a free medical college, and call upon our friends to help us in every possible method.

Such is the plan which I desire to see adopted and have advocated for years. Now is the time for action, in reference to our approaching spring session. Give us your moral support; pledge yourselves to labor for the cause; we are ready to labor for you; and I shall again urge this matter to an issue, and hope to be able to report to you—that from this time henceforth—we begin a new campaign.

These measures are still under deliberation. I do not know that they will be adopted, nor to what extent nor how soon.—They depend upon many contingencies; there are serious financial difficulties; and there is this great risk, that if we undertake more than we can accomplish, we shall break down in the attempt. When a steamboat endeavors under a very high pressure of steam to make greater speed, it is liable to finish its career with a grand explosion from a bursting boiler.

We have never yet made any rash attempts, and we do not expect to do any thing but what will be successful. But we must count the cost, and look well to every circumstance.

Shall we abolish the fees to the amount proposed? We must be assured that we shall be so sustained by our friends, as to make a school of imposing magnitude.

Shall we begin this movement in the spring session, or shall we postpone it to next fall? If we begin it in March, we cut off certain revenues upon which we relied to meet our engagements; and it has even been suggested that, if we make the spring session free on the plan I proposed, those who had already purchased a right of attending, would begrudge the liberality which we extend to others, because it did not go far enough back to embrace them also! Such an idea would be so unjust, that I cannot suppose any one would entertain it. If, we exert all our energies

in order to be able to give our services to future students, we cannot afford to surrender the compensation which we have already received, or for which we have contracted; for that compensation, is at best but a very meagre reward for the amount of labor performed. Our past transactions and contracts must stand as they are, and we must appeal earnestly to all who are now indebted to the Institute, to come forward as early as possible, and liquidate their debts. If they will do this, we may at once and without any hesitation say, that our spring session shall be as free as we can make it.

But I cannot promise anything at present. Our financial difficulties and responsibilities must be considered, and prudence must regulate the whole. If we are well assured that everything which I propose is practicable, and that we shall have the efficient co-operation of all our friends, we should anticipate a degree of success which would go far to revolutionize the country.

The rival schools of our city and elsewhere are becoming more numerous, but they are losing their moral force, and dwindling in point of numbers. The Ohio Medical College, which tumbles to pieces nearly every session, has just lost the most learned members of its faculty, and will have to be re-organized. The three other orthodox schools which we are to have next season, and the two botanical, will not have altogether students enough to fill a single lecture room. Our immediate competitors will become quite insignificant, while the bigotry, the dogmatism, and the miserable practical failures of the old college and its hospital practice will present just such a contrast as we desire, to illustrate the difference between light and darkness.

The measure which I propose will place an immense distance between us. The new movement is one which will be particularly obnoxious to the old school party. They look with great contempt upon cheap schools, and they will look down in lordly disdain upon such a measure. Hence, it will place a barrier between us which they cannot overleap. The fashionable but silly idea that an education is valuable and honorable in proportion to the amount of money that it costs, and that cheapness degrades everything, has long since been their prevailing idea. The Ohio Medical College was at first looked upon with contempt by its rival, the Transylvania school of Lexington, Ky., because it did not charge enough. Its pupils were not recognized upon terms of equality at Lexington, because they had not paid quite so much money for their tickets. But an enlightened public sentiment now laughs at all this foppish absurdity, and the spirit of the age demands universal cheapness and universal diffusion—especially of knowledge, which ought to be diffused like sunlight, air and water—freely to all.

Upon this principle we shall appeal to our friends, and to the American people. We shall find many even in the offices of old

school physicians who will desire to enter our halls upon such terms, who may not be prepossessed in favor of our doctrines. But we are satisfied if they once find out what Eclecticism is, they will never consent to give up its peculiar resources.

We shall appeal to the great body of the American people, in behalf of a system of medicine born on our own soil, adapted to our own diseases and peculiarities, and capable of benefitting mankind to such an extent that its diffusion is an act of philanthropy. We shall summon the independent young men of our country from their various pursuits to this work of benevolence. There are thousands who have talent and worth, who have no inclination for any of the professions as they are now practiced, who shrink from the idea of being responsible for the deaths which occur in the old school practice, but who would eagerly embrace a profession which they can practice conscientiously and in which they can really be of service to mankind. We shall point out the honorable career that is opened before them—the immense demand among the people for educated physicians of the new school, and the facility with which they can at an almost nominal expense, enter upon an honorable, benevolent and remunerative profession, and rank among the benefactors of their country.

We shall appeal to all our friends; and I must say in all frankness, that a large portion of our friends have heretofore failed in their duty. There are two or three thousand Eclectic or reformatory physicians in the United States, and if they rightly appreciated their positions and duties, they would each of them send us every year at least one student, and we should be compelled to establish additional schools to accommodate the overflowing numbers on hand.

In this they have heretofore signally failed, with a few exceptions. But now we trust if the free school movement is adopted, there will be no difficulty or hesitation, but that each will forthwith seek out and select the best talent and moral worth, among the young men of his neighborhood, and send them hither as recruits for our army of reform. Let them come on by hundreds, and thousands, until the very earth trembles under their tread, and by force of numbers, and talent and zeal, we shall overrun the land, regenerate its hygienic condition and erect every year a living monument of a hundred thousand human beings, snatched from death—an immortal monument and record of our bold and benevolent enterprise.

On Tuesday evening, January 20, we delivered a second lecture to the class in further explanation of the operation of the proposed plan in detail, and of the necessity of its adoption at the present time, which was followed by an expression of sentiment on the part of the class, as follows :

SENTIMENTS OF THE MEDICAL CLASS.

At a meeting of the class of the Eclectic Medical Institute, on Tuesday evening, January 20, 1852, W. Sherwood acting as chairman, and J. Burns as secretary, the following preamble and resolutions, reported by a committee from the class appointed at a previous meeting, were adopted with enthusiasm :

Whereas, believing the principles of Eclecticism embody the true principles of Medical Reform, we, the students of the Eclectic Medical Institute of Ohio, in connection with the friends of the cause, are anxious for the adoption of a plan for the more general extension of the influence of the principles we cherish ; and

Whereas, to accomplish this end, it is all important that the friends (who are as yet limited in number, though full of enthusiasm) should concentrate their efforts just now at some suitable point ; and

Whereas, Cincinnati, Ohio, occupying a central position in our whole country, and the Eclectic Medical Institute being the first and most prominent institution teaching and upholding true Medical Eclectic principles, we believe that here should be the point of concentration of effort. We believe that here should be found an institution affording every facility and appliance to the most complete medical instruction ; and

Whereas, to insure this, it is altogether necessary to erect an ample, convenient and comfortable college building, capable of accommodating at least five hundred students ; and further, in connection, a suitable hospital, capable of accommodating at least one thousand invalids per annum—the college to be furnished with a well selected library, and an anatomical museum, sufficient to illustrate every important point in physiology and pathology ; and

Whereas, still further to insure the extension of the principles, and the success of the enterprise, the said institution should be established on free principles, students only paying matriculation, dissecting and graduation fees ; and

Whereas, should we succeed in establishing thus the institution, and furthering the extension of Eclectic Medical principles ; should the principles be extended through the instrumentality of the institution in Cincinnati, other Eclectic Medical Institutions cannot be injured by the success of this. On the contrary, they will necessarily share in the extended influence—institutions of a conservative character only being injuriously affected. Believing the above to be practical facts, and that such a scheme may be successfully carried out,

Therefore Resolved, That to attain this important end, the students, and the friends of medical reform everywhere, be invited

and solicited (a subscription being now on foot,) to contribute with a liberal hand to the accomplishment of the enterprise.

Resolved further, That we, as true friends of the cause, being true to our principles, do hereby obligate ourselves, when we shall have gone out into the world to practice our professions, to make ourselves still active in the cause of eclecticism, by promoting the circulation of reformatory periodicals and books, and any other honorable way to make known the merits of our cherished principles.

Resolved further, That we will use all honorable influences to induce meritorious young men to attend lectures at the Eclectic Medical Institute of Cincinnati.

After the adoption of the above resolutions, a subscription paper for future donations was circulated in the Hall, and the sum of more than *fifteen hundred dollars* was readily subscribed by those present as a fund for the proposed edifice.

We now appeal with confidence to the liberality of our friends everywhere, and hope that there will be no delay in responding promptly to the appeal. The Faculty of the Institute are resolved to embark in this bold and philanthropic enterprise, without waiting for any further assurances of support or assistance.— They are resolved to advance upon their own responsibility, and trust the issue to a just Providence, and the kindly sympathy of all Reformers. The erection of so large an edifice and the establishment of the Hospital, &c., involve an expenditure of from ten to fifteen thousand dollars. So large an expenditure of money would involve the Institute, already burdened with debt, in pecuniary embarrassments of the most serious and detrimental character. To effect the liberal reduction proposed—the abolition of the usual professorial fees of sixty dollars per session—it is necessary that the Institute should be unencumbered with debts. Without being relieved from these pecuniary embarrassments, the position of a professor would become too onerous to be sustained by any but persons of independent fortune.

— We therefore call upon every friend of reform, as he values the welfare of humanity, and the honor of the cause to rouse up to vigorous exertion in the present crisis and lend us such “material aid” as will secure the triumphant establishment of the Institute, and permanent diffusion of our principles.

The subscription paper herewith sent is designed to receive the subscriptions of the liberal everywhere.. We send it to you

with the expectation, that you will immediately call upon all within your reach, who will subscribe or donate any sum whatever from fifty cents to a thousand dollars—that you will also collect the money subscribed, and remit the same to Mr. A. S. CHEW, Cincinnati, Ohio, (a member of the Board of Trustees,) who as Trustee of the building fund, will give a receipt for the amount forwarded, thereby insuring its application by the Board to the purposes contemplated by the Institute.

Do not disregard small sums of money, but collect every dollar, or fraction of a dollar, that may be offered. When we reflect that there are Eclectic physicians enough in the United States to erect one of the most imposing edifices in the union, if they would but forward \$10 each, we cannot suppose that our appeal will be unsuccessful and we hope no one of our readers will be for a moment doubtful, or indifferent because his collections may be small in amount, or because his own individual contribution does not exceed five or ten dollars. It is by the aggregation of such small sums that we anticipate success, and we now say emphatically, that if we can obtain but TEN DOLLARS from each Eclectic friend, our enterprise will be firmly established. Is there one among our numerous readers who cannot send us that amount from his own pocket at once—and is there any one whose friends in the community about him, will not contribute a few dollars to so noble a cause, at this critical period, to ensure its success?

We have said that it was necessary to keep the Institute free from debt. Nevertheless, among those friendly to our cause, there may be many who have considerable sums of money, which they would not give as donations, but would willingly subscribe to the Institute, to be invested in stock, bearing six per cent. interest. In all cases where subscriptions can be procured upon such terms, you will please receive and forward the names and amounts, which will then be called for by the Board, whenever, deemed necessary to carrying out the enterprise, on a liberal scale.

B.

THE PRESENT CRISIS.

The present is a most important crisis in the progress of Eclecticism. The number of Eclectic students annually sent forth as

graduates in the United States is not more than sufficient to keep up our numbers, and to maintain our present proportion to the conservative party and to the increase of population. It is indispensable to our success—it is indispensable to the cause of humanity that some course should be adopted which would enable us to swell our ranks, and to encroach upon the boundaries of the conservative party.

That course is now resolved upon. Our Faculty and Board of Trustees, are determined upon the establishment of a free Medical College—the ordinary fees of \$60 per session, to the professor, being entirely abolished. The matriculation fee, will be placed at ten dollars—dissection at \$5, and graduation at \$20. Our spring session commences on the first Monday of March. It will be a full and thorough course. The class is expected from present assurances to be two or three times as large as any spring class that we have ever had.

Upon the termination of the spring session, a building is to be erected, five stories high, sufficiently large for the purposes of a college and hospital—the lecture halls to be large enough to contain upwards of five hundred students, and the hospital to be tributary to the purposes of clinical lectures. The students who are interested in comparing different systems of practice, will be enabled to observe the course pursued in the Commercial Hospital by the old school, and the course pursued in the hospital of the Institute—the Hospital fee in each case being the same amount—\$5—and each being the representative of a distinct medical system.

The true whole-souled friends of Eclecticism, who wish to see its blessings diffused far and wide, are greatly rejoiced at the prospect before them, and considerable enthusiasm has been excited. Several addresses have been delivered to the medical class of the Institute by the Professors, in addition to those reported in this number. Prof. Newton delivered a spirited address on Wednesday, the 21st, showing the character of the old school opposition that we have to encounter as Eclectics, and the beneficial effects of the increase of our strength which would flow from the proposed measure. The animation and enthusiasm which have been aroused, and the genial flow of wit, humour and eloquence, have given an unusual zest to the exercises of the college, and relieved the monotony of study.

In this as in all great enterprises, there are spectators who have no faith, and are very ready to shake their heads and predict a failure up to the time when the event is finally accomplished. These timid croakers express a great apprehension that the school will not be well sustained, unless the professors get better revenues than the proposed arrangement would afford. To this we have replied that there can be no danger of disaffection from that source, because the faculty are not going to adopt any measure which is not agreeable to themselves. When they declare the Institute a free school, they do so because they prefer it, and they will not fail to sustain their own voluntary choice. They have labored heretofore, it must be confessed, for a very inadequate compensation. They do not consider the promotion of reform a mercenary business, and they are willing to labor hereafter, as they have up to this time, for a scanty pecuniary compensation, but for an ample compensation in the consciousness that they were conferring benefits upon mankind. So far from losing any portion of their interest in the school on account of the new movement, we can assure the friends of our cause that no other course but this can well secure the permanence and prosperity of our reform. This course alone will secure the zealous and ardent co-operation of our Faculty in a noble institution. The overwhelming class which may be expected under the new plan, and the ample character of the college edifice and hospital, will give a new tone to our enterprise, and secure still more firmly the devotion of our Faculty, which without this movement would languish for want of the consciousness of doing something worthy of our cause.

Some have expressed great fears that our new movement would lower the tone of the profession by bringing in inferior young men who were too poor to pay for tuition. Such objectors know very little of the history of reform, if they suppose that reforms like ours were ever sustained and advanced by the wealthier classes. They forget the very striking fact that nine tenths of all our students have been in very cramped and limited circumstances—many of them entirely unable to pay for an education, and others enabled to do so only by the kindness of friends. If we can give any assistance to those who are willing to enter the army of reform by moderating our charges for tuition, we confer a signal favor upon those who are most in need of it at their out-

set in life, and we secure an increase of our numbers, which will at least yield some partial return for the favor that has been extended. Not only will there be an increase in the number of those who study medicine, but in consequence of the diminution of expense, many of those who now resort to practice without attending any school, will be induced by the greater facility to obtain a thorough education; and those who at present attend one or more courses, will be induced to attend a greater number, and become better scholars. Thus would the tone of the profession be universally elevated. Even persons not aiming to practice medicine would often attend the lectures, and thus diffuse medical knowledge and reformatory principles through the community for the benefit of all.

The idea that education should be costly is one of the false and selfish ideas which is fast being exploded in our country; and the heavy exactions which have been heretofore imposed for the purpose of excluding young men from the profession, and keeping it in the hands of a smaller number, will not be very long tolerated. This restrictive policy belongs appropriately to the ranks of Hunkerism; but in the ranks of reform, we are anxious to swell our numbers, and increase our strength.

Our present bold movement must be sustained by our friends, not only with pecuniary aid, but by sending us immediately as large a number of students as they can possibly persuade to come on to attend our spring session. B.

CIRCULATE THE NEWS!!

Our friends are earnestly entreated to be prompt in notifying all who have any disposition to enter upon a benevolent profession, that our college has thrown open its doors on the free and liberal system. Let us have such a class to open with as will strike dumb our opponents, and lend a dignity to the enterprise that will overcome opposition. Recollect that no preliminary course of study is necessary. Let all who wish to come, come on forthwith. The lectures are designed to develop the different subjects from the beginning, and are intelligible to any one without any express preparation, if he begins with the commencement of a session. Do not fail to impress the idea that the college is

the best place to commence the study ; it is the proper place to learn how to study. Every one possessing an English education, with proper moral and intellectual qualities for a physician, is in a proper position to begin at once. B.

THE SPRING SESSION.

A thorough course of lectures will be delivered by this Faculty, commencing as usual, on the first Monday of March. It is hoped that every student will be punctual to that day, for the important department of anatomy must be attended to early in the session, before the warm weather arrives.

We believe it is the general sentiment of those who have attended the Institute, that our present Faculty has given a more full and satisfactory course upon the several departments than has heretofore been delivered. Their lectures have been more systematic and thorough. There is also a greater concentration of energy upon the standard system of reformatory practice, known as the Eclectic. We have heretofore had in our chairs individuals more or less inclined to the old school allopathic, the homœopathic and the Botanic systems, but now they are no longer connected with us—the Faculty are united in their devotion to Eclecticism, and some have even intimated that we were too zealous and exclusive in our attachment to the Eclectic reform to be as liberal as we profess. But we confess we have no liberality quite so elastic as to tolerate and encourage that which is absolutely wrong in practice—deleterious to the welfare of the community, and withal intolerant and proscriptive in spirit.—B.

EXTRACTS FROM CORRESPONDENCE.

Dr. Wm. Fields of Wilmington, Delaware, writes, that the Eclectic cause is gaining ground rapidly. He also, recommends the free use of yeast in the treatment of small Pox, to be given from three to five times a day, in tablespoonful doses; this in connection with diet has proved to be of great value in the treatment of this disease.

Dr. H. S. Webber, of Muscatine, Iowa, writes, Dec. 18th. "It is my intention to send you (and that before long) a full list of

all my cases, since I removed to Muscatine, Iowa, from 14th, July, 1850, up to the time of communication, which will probably be over one thousand. I shall do this to give you a faint idea of the Eclectic Practice in the far West. I have treated over nine hundred and fifty cases already, without the loss of one patient, where I was the only attending physician—you may take this as boasting, but if stating facts be boasting I am guilty."

Dr. McCord of Carlinville Illinois says: "The Eclectic practice will prevail in Illinois yet. Calomel is losing ground fast."

Dr. Calloway, of Eminence, Illinois, says: "I have more practice than I can well attend. We have a Homœopathist some five miles from me; he has lost several cases this fall. I have cured several given up by him. He has been in the neighborhood for some years, and had become somewhat popular, but the people prefer Eclecticism."

Dr. J. Butcher, of Greensboro', N. C., writes: "I am happy to be able to inform you that our system is taking well with the people in this town and vicinity. I have had many old chronic cases and have succeeded in performing entire cures, where the so-called scientific professionals have pronounced them incurable."

THE FREE COLLEGE AND UNIVERSITY.

We have had the pleasure of addressing a large audience at the Mechanics' Institute upon this subject. The address was received with much approbation. The following report of the lecture was given on the 26th inst. by the *Cincinnati Daily Gazette*, and other friendly notices were made by the newspapers of the city. The lecture will be published in our next. B.

"A FREE MEDICAL COLLEGE IN CINCINNATI.

"Prof. J. R. BUCHANAN lectured before the Mechanics' Institute last evening on the subject of Free Collegiate Education. The important scheme of a free Medical College to be located in this city, was brought forward and supported with the well known tact and vigor of the lecturer. He remarked that it would be more proper to announce it a "fixed fact" than a "scheme" that we have now a Medical College in successful operation which receives students without any other charges than the matriculation fee, and the usual fee for graduation and for anatomical demonstrations.

"The principal expenses hitherto have been for Professors tickets, amounting to some seventy dollars per session. With the trifling exceptions named, the Cincinnati Free Medical College is to be absolutely free of charge to its students.

"The first session on the free plan will be opened on the first Monday of March next, in the Hall of the Eclectic Medical Institute, by the Faculty of that institution and will continue its usual term.

"In the lecture of Prof. Buchanan, this scheme was presented as a portion of an extensive plan for a Free National University, to be located at Cincinnati. He proposed first to establish a Free Medical College and a Hospital connected with it—to erect a spacious collegiate edifice, and in every way to endeavor to raise the standard of professional education. He referred to the French and German Universities, and to educational movements in Illinois, Michigan, and other parts of our own country, showing that the idea of free professional education was seriously entertained and being reduced to practice, and that it was necessary for Cincinnati to take hold of this movement, unless she would fall behind the times and lose the advantages of her central position.—He maintained, in a logical argument, that education was the business of the community rather than the individual—that the community was deeply interested in having all its physicians thoroughly educated, and that the proposed plan of free education was the only practicable method of insuring it.

"Dr. B. presented a variety of statistics from which he argued that the Eclectic Medical Institute was the most successful medical school ever established in this city, and would be able, under the new arrangement, to attract classes of such a magnitude, as would render our city an emporium of medical science, rivalling New York and Philadelphia. The Hospital, which he described, and which would be a great desideratum, together with the college edifice to be erected next summer, required a heavy outlay, and he appealed warmly to the public for pecuniary co-operation, in a measure so important, not only to the whole country, but especially to Cincinnati.

"We are informed that some liberal subscriptions have already been made, and hope that so benevolent a measure as this is claimed to be, will receive efficient aid from a liberal public.

"The entire lecture is to be published in pamphlet form."

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PART I.---ORIGINAL COMMUNICATIONS.

FREE COLLEGIATE EDUCATION.

*A Lecture delivered on Monday evening, Jan. 26th 1852, by Prof
J. R. BUCHANAN, before the Mechanics' Institute of Cincinnati.*

No enlightened individual now doubts that this is a progressive age. Not only in science, but in morals, in governments, and in philanthropic organizations, we observe a steadily progressive improvement. It appears to devolve upon this age, as more enlightened than past ages, and upon our young country, which has formed its political and social organizations in this more enlightened period, and which is, therefore, unencumbered by the most flagrant errors of the past,—it devolves upon us, as the unembarrassed pioneers of humanity, to carry into successful operation those great principles of justice and philanthropy, which are sanctioned by the universal conscience, and those practical measures for the improvement of society, which are sanctioned by the unhesitating decision of the common sense of mankind.

Society naturally starts from a selfish platform. In its rudest conditions every individual regards his own welfare. Nations are at war with nations, tribes with tribes, and families are engaged in deadly feuds. In a more civilized condition, social feuds and civil broils are arrested, and nations only manifest the hostile sentiment in war. But still the leading aim is the gratification of self; and, as every individual is supposed to be governed by selfish motives, whatever he seeks to obtain becomes a matter of commercial exchange, for which he is charged the largest possible amount that can be obtained. Education, religion, and general moral improvement, are treated as selfish objects of pursuit, for which the individual must pay a liberal equivalent, proportional to the selfish benefit which they are supposed to confer.

Education and religion become matters of mercenary speculation, and while the poorer classes are deprived of their benefits, education and religion are themselves injured, and rendered barren of good fruits by their unnatural alliance with mammon.

The absurdity, and, indeed, the injurious tendency of this unnatural alliance—giving a mercenary character to those things which are essentially unselfish have, for a number of years past, attracted the attention of governments and philanthropic individuals. It has been plainly perceived by every philanthropist, that there is an essential difference between moral and selfish objects of pursuit. He who seeks possession of lands, houses, money, and goods, which he designs to monopolize for his own individual benefit and aggrandizement, may be justly charged a full price, or taxed with a heavy tax at every step in his career; but he who aims to serve and benefit his fellow beings, instead of being charged, taxed, or oppressed by society, should receive every assistance and encouragement in his laudable undertaking. Hence, governments lay their taxes upon those who are engaged in the accumulation of property for their own exclusive benefit, and not upon those who are engaged in the accumulation of knowledge, for the benefit of society at large.

The property of each individual is designed for his own exclusive benefit, but the intellectual, moral, and religious improvement which he obtains by a proper course of education, contributes but little to his own pecuniary benefit, while it contributes vastly to the benefit and happiness of society. The whole commonwealth is deeply interested in having citizens of intelligence, of well disciplined minds, of generous sentiments, and of thoroughly moral character. Hence, enlightened governments, instead of taxing the diffusion of knowledge, endeavor in every way to encourage education, by libraries, universities, and schools—by honors conferred upon educated men, and by particular favors and privileges accorded to students. The student is not regarded as one who is in pursuit of selfish objects, but rather as one who is discharging his duty to his country, by rendering himself more enlightened and virtuous.

The welfare of the community depends upon the amount of knowledge, and virtuous mental discipline which are diffused. Hence, as it is the welfare of all that is promoted by education, the commonwealth is bound, in justice, to render education free to all. Not for the sake, merely, of benefiting the individual educated, but in order that each individual thus educated, may become a blessing, instead of a curse to society. In other words, education is practical philanthropy, and he who educates himself, in a thorough and virtuous manner, confers a blessing upon his country, by giving her a valuable citizen.

Even the despotisms of Europe, to a great extent, have recognized this doctrine, and by their ample libraries, and their gratui-

tous courses of instruction, and the privileges accorded to students and learned men, have recognized education as a blessing to the state, rather than a property of the individual.

Our own United States have also acted upon this principle, and have devoted large revenues to promoting primary and collegiate education, regarding a moral and intellectual training of each individual, not as a selfish benefit to him, but as a philanthropic benefit to the community.

This doctrine being already recognized and acted upon, I propose merely to show how it shall be carried out fully to its legitimate extent, so as to confer a vastly greater amount of benefit upon the community at large. And in the very outset, I would take occasion to repel with unutterable scorn, the aristocratic idea, that a free education, bestowed by the state, is an act of charity degrading to the independence of the recipient. That idea is false, and as contemptible as false. He who seeks to obtain a large amount of knowledge, seeks to obtain that, which from its very nature is diffusive, and which he must communicate to others. He seeks to obtain that which will render him a better man, and will enable him to confer blessings upon mankind. In the pursuit of this knowledge, he performs the part of a philanthropist; and, if the state shall recognize him in that character, and extend him a liberal assistance, the assistance which he receives is justly due to his meritorious exertions, and the state is benefitted by the transaction more than he. In like manner, every seeker of knowledge—every humble student, is really laboring to elevate the tone and character of society, and may justly demand from the state, as a matter of right, to be assisted in his efforts for the diffusion of knowledge and virtue.

The acquisition of wealth and power, or any other selfish objects, is not promoted by the highest order of education. On the contrary, such an education subdues the animal nature, and elevates the moral to such an extent, that they who are thus occupied, may be regarded as the pioneers and missionaries of humanity, who have a just claim upon the gratitude and assistance of society. When we give then to an individual, to promote education, we give not to him, but to society; and when, by our liberality, we induce him to consecrate his life to scientific and moral pursuits, we detach him entirely from selfish objects, and we kindle a light which illuminates the world, but which is sometimes itself consumed and exhausted, to furnish that light.

No state which has acted upon this theory of education, has ever discovered its fallacy, or had cause to regret it. The amount of wealth bestowed in the several states of this Union upon primary education, gives them an ampler return of social benefits to the whole community, than any other political expenditure. And if I should urge a small additional appropriation to render our action consistent and complete, I would urge that

which all experience has proved to be the wisest investment which a country can make. The welfare and perpetuity of our republic—the safety of our lives and property, depend upon a thorough education of every citizen. This is our only bulwark against crime and pauperism—against civil war, and military despotism. But if so small amount of education be so beneficial in protecting us from universal disorder, mobs, and civil wars, would not a larger amount be a still more profitable investment? Would not the extension of high schools and colleges over the land, diffusing to every citizen a thorough literary and scientific education, render our country, in a short time, the wisest, the happiest, and the most prosperous on the surface of the earth? A country, in which mobs and riots would be unknown—in which jails and gibbets would moulder in pieces for want of occupants, and in which a thief or a beggar would be regarded as a psychological curiosity. There is no imaginable pitch of national intelligence, prosperity, glory, and grandeur, which we might not attain by a proper system of universal collegiate education.

But while we, as a community, are interested in the training of every citizen, we have a still more direct interest in the training of our professional men. Under the existing system, primary education is assisted by the state; but professional education is left mainly to the struggles of the individual, as though the community had no interest in it. The consequences of this course, especially in the medical profession, have been disastrous to the lives and health of the community. Instruction in the medical profession has been made an affair of mercenary business, and enormous fees have been exacted for a brief course of collegiate instruction, the expense of which has deterred a large number from going through a regular course of study. Hence, a large number of the medical profession, often deficient even in their primary education, offer to take charge of the lives and health of the community, not only without attending a college, but with a very limited and imperfect course of private study.—A host of half educated, or uneducated quacks, are, therefore, found to be scattered through our country; and the consequences of their ignorance are visible in the terrible mortality that frequently attend our epidemics.

In 1838-'39, when there were 25 medical schools in the United States, they had but about one hundred pupils each, on an average, and, according to Dr. Drake, this was but one-half of the number studying medicine—the other half dispensing with collegiate education. The latter, however, is but a conjecture for which I would not be responsible.

The medical profession has been busily engaged in devising remedies for these existing evils—they propose longer courses of lectures, classical education, penal laws, and other schemes

which experience will prove entirely unsatisfactory. Lengthening the terms of the courses will only drive an additional number of young men away from the schools entirely; the demand of a classical education will have the same effect, and will do no good—penal laws for the benefit of any class of practitioners our people will not and ought not to submit to.

All that we can do is to make our schools more attractive, and our instruction more efficient and free of expense. The restrictive system is in full force in England, where a complete course of study requires about eight years, and is attended by very heavy expenses; and yet the English physicians are not after all superior to the American—indeed, where they have tried their skill upon similar forms of disease, they have not produced any better results. There may be more learning in England, but it does not make them better practitioners—it does not give the community better health. When learning loses sight of benevolent ends, and degenerates into dogmatism and pedantry, it is of no utility to the community. The American Eclectic system of medicine is pre-eminently utilitarian, and it is impossible to find in the transactions of the Faculties of London and Paris, as successful results in the treatment of disease, as have been witnessed in your own city.

It is not physicians who are interested in this question, it is the community at large. The consequences of ignorance and quackery affect not the physician who makes his living, but the patient who suffers and dies. Is it not, therefore, obviously the interest of the community to render medical education so perfectly accessible to all, that no one should ever think of practicing the profession without a thorough qualification?

The consequences of the present system, while full of evil as regards the profession at large, are still more disastrous as regards its effects upon colleges. Medical teaching being a matter of pecuniary speculation, every school is interested to build up itself at the expense of its neighbors, and all the jealousies and hostilities of rival tradesmen are introduced into their operations. Undignified manœuvres are resorted to to obtain students; the doctrines and the reputation of rival schools are assailed; personal calumnies circulate as freely as in the warmest political contests; and, for the sake of swelling their classes, or increasing their receipts, diplomas are often conferred upon young men whose course of study has been a mere sham, and who are utterly unqualified to practice. These things frequently occur even in schools of high reputation.

Let this mercenary system be abolished: let medical education be made as free as primary, and the quarrelsome rivalry of schools will be arrested, the tone of medical education will be elevated, the diploma will be more apt to be given to the meritorious alone, and the host of half-educated practitioners in our

country will be superseded by an ample supply of thoroughly educated, judicious, and well qualified physicians. Moreover, by taking away selfish, pecuniary motives, the profession will be rendered more liberal, more open to reform, and the Harveys or Jenners of the present day, will not find selfish combinations arrayed against them. These principles have been partially tested in Europe, and their effect has always been beneficial.

The government of France as far back as the time of Charlemagne, manifested a disposition to encourage the teachers of literature and theology. In the thirteenth century, the faculties of medicine, law and theology were formally organized at Paris. In the thirteenth and fourteenth centuries, college edifices were established, in which students were lodged free of expense, and sometimes were also boarded gratuitously. In the German universities they were lodged in *bursæ*, which were not quite gratuitous, but were furnished for a very low rent. While the students were thus favored in boarding and lodging, they were required to pay for tuition, and professors depended for their salaries exclusively upon tuition fees; afterwards they were assisted by salaries from government, and at the beginning of the 16th century, the universities were put upon a better footing, with more numerous professors and better salaries, while they were required to lecture gratis. Under this gratuitous system learning flourished, and such was the demand for knowledge, that a great many private courses of lectures were delivered in addition to the regular gratuitous courses, and ultimately became more numerous and important than the original gratuitous courses. Thus we perceive that the gratuitous diffusion of knowledge tends to increase the appetite or demand for instruction, and to elevate the tone of professional study. Let us establish in our own city a Medical University capable of attracting a thousand young men to its free halls, and the most learned men of the whole country, who are distinguished in particular departments of science, will be ready to teach in private courses, and will find pupils able and willing to pay for further instruction, beyond the regular courses of the colleges—pupils who are preparing themselves for the highest stations in their respective spheres.

To illustrate the extent of German University education in the medical departments, I would refer to the list of gratuitous courses of lectures given by eminent professors at Berlin during the winter term of 1880, from the 1st of November to the 1st of May. In this list we find among the names of professors giving gratuitous courses, several whose names are familiar to every medical student.

Profs. Casper, Hecker, Damerow, Bartels, Rudolphi, Schlemm, Knappe, Brandt, Hufeland, jr., Schultz, Osann, Horn, Oppert, Sundelin, Reich, Jungken, Kluge and Wagner.

In addition to these, there were forty-five private courses of

lectures on almost every imaginable subject, and fifteen courses of clinical instruction, making altogether about eighty courses of lectures upon medical subjects.

The original programme of gratuitous lectures has thus been completely overwhelmed and hidden by the greater number and importance of the private courses, for which a fee is paid; and yet practically the lectures are still sufficiently free—stipends are established for the assistance of poor scholars, and I have been informed by a German professor that any one who wishes to attend in Berlin can easily obtain admission, and after obtaining his education free, can become a teacher himself, under the title of an extraordinary professor, instructing such private classes as he has ability to attract. Here is an extensive system of free teaching, and free competition in teaching, which gives to Germany her pre-eminence in learning, and which I wish to see introduced in our midst in a still more liberal manner than has ever been attempted anywhere. I wish the plan to be so free and liberal, that the Faculty not exacting money from the pupil may, instead of money, exact faithful study by attendance on several courses, until he is qualified according to the highest standard of attainment.

At the present time, we may go to Paris and gather all the knowledge and skill attainable from Hospitals and Colleges, conducted by the most eminent teachers in the world, without any expense. But to students who are aspiring to a diploma, the charge for the diploma and examinations, and for four years services of eighteen professors and twelve hospitals, amounts to about 220 dollars, or about fifty-five per annum.

It may be said by practical men, that the system of free medical education which we propose is entirely impracticable—that our State will not appropriate her revenue to such a purpose, and that talented medical men will not teach without an ample compensation. I grant that the State will not appropriate the amount necessary, or the amount which medical corporations would be sure to demand. According to the old ideas of the medical profession which we have inherited from England, it would require one hundred or two hundred thousand dollars to establish successfully a free medical school of a high order. But according to those bold and free ideas which characterize our own country, no such endowment is necessary. I have the proud satisfaction of announcing to you to night, that a single medical faculty, with their board of trustees, who have for several years past maintained the largest medical school in the Queen City of the West, have resolved, for the welfare of humanity, to set the example to the world of voluntarily renouncing their usual perquisites, and have determined of their own free will, and at their own expense, to establish here on a scale of imposing magnitude, the **CENTRAL FREE MEDICAL COLLEGE OF AMERICA.**

This philanthropic scheme, which has long been cherished, but pronounced Utopian, is now about to be realized in your midst. In five weeks more the change will be accomplished, and the Free Medical College will be in successful operation, in which all necessary branches of a thorough medical education will be taught by a faculty, whose past success and reputation have heretofore insured them upwards of two hundred matriculants per annum, and whose future career bids fair to render Cincinnati the Medical Metropolis of the West.

The school to which I allude is the ECLECTIC MEDICAL INSTITUTE; the only medical school ever established in Cincinnati which has both had an unvarying career of prosperity, and maintained a permanent stability.

The past career of the Eclectic Medical Institute stands without a rival here in point of numbers, in the first years of its establishment. The number of its matriculants in the very first year was greater than that of six other established medical schools—and has been for some years greater than that of five-sixths of the American Medical Colleges. The number of matriculants in the Ohio Medical College, in its first three years of existence, sustained by the talents of a Drake, amounted altogether to but seventy-three.

The number of matriculants in the medical department of the Transylvania University, which was the most popular and flourishing of its day, during the first three years was two hundred and fifty-five.

The number of matriculants in the Louisville Medical Institute, which surpassed the glory of Transylvania, was, during the first three years, four hundred and four; while the number of matriculants in the Eclectic Medical Institute during the first three years was four hundred and twenty-eight. Three years were sufficient to place it far in advance of a state institution, upon which vast sums of money had been expended, and which had been gathering strength for thirty years.

The principal cause of this unprecedented success in the Institute, was the liberal and practical character of its instruction, the numerous improvements in the science and philosophy of medicine, which were introduced by its faculty, and the untiring zeal with which they devoted themselves to the discharge of their duties, by day and by night, in order that they might send forth graduates fully qualified to relieve the sufferings of the community, and to diminish the mortality of the prevalent epidemics.

The Institute has now an established rank and reputation, which will enable it to command the largest classes ever assembled in this city; and its faculty are advancing in this enterprise, with a view not of lowering, but of universally elevating medical education. They propose to enlarge their facilities and means of instruction—to erect a spacious edifice—an edifice capable of

containing classes of from five to six hundred pupils. And in connection with the Institute, they propose the establishment of a Hospital, in which the sick may be relieved, and clinical instruction may be imparted to their classes. In short, we propose to establish an Institution rivaling the universities of Germany and Paris in the philosophical and practical value of its courses of instruction, which may be known at home and abroad as the central representative of what America can do for medical science, by her own peculiar resources, original thoughts, and practical observations.

We are fully aware that this is a bold undertaking—that it involves a great pecuniary sacrifice; but we believe that a liberal public will not allow that sacrifice to fall upon the members of the faculty alone. We believe that they will at least render us the necessary pecuniary assistance for the erection of the edifice in which we are pledged to establish the **FREE AMERICAN COLLEGE OF MEDICINE.**

The successful establishment of such an institution would tend to render Cincinnati a central emporium of medical science. New York and Philadelphia would lose their proud pre-eminence in medical instruction; and in science, as well as in government, we should observe that the “star of empire” westward “wends its way.”

So glorious a prospect as this has created in many minds a doubt of the possibility of its realization; but I need only remark, that within five weeks you may behold our hall thronged by the first class of the **FREE MEDICAL COLLEGE.** And within five or six months, the architecture of the new medical edifice may be expected to rear its imposing front.

In what respect are the citizens of Cincinnati especially interested in this school? They are interested in its prosperity as the pride and ornament of their city. This is the only uniformly successful school that has ever been maintained in this city—the only school which has possessed sufficient vitality, energy, enthusiasm and talent to maintain its pre-eminence against the most energetic rivalry and opposition. It is the only school the loss of which would be felt as a national calamity, by those who know the value of its labors—the only school in which there is any great amount of science beyond what has already been recorded in medical text books—the only school of any prominence which has a distinctive American character, and which is not a stereotyped copy of what has gone before, or an humble follower of what which is taught us from Europe.

I make these remarks not with a view to depreciate the character of other schools, in which we cheerfully recognize their merits, talents, and learning, but as an act of justice to an Institute which bases its claims upon the originality and practical value of its teaching.

The citizens of Cincinnati are deeply interested in this movement, because it renders their city an important focal point, to which many eyes will be directed from all quarters of the United States; thus promoting in every direction its intellectual, social and commercial connections, and its central pre-eminence. Young men from all quarters of the country—from Canada to Texas, have already attended our lectures.

Cincinnati has even a political interest in this enterprise.—While young men are gathering together in one harmonious body in our halls, united in a common cause—gathered in from the lakes and rivers of the north—from the old Atlantic States, and from the golden realms of California—from the farms of Kentucky, and the cotton fields of the South—from Florida and Texas, we bring together and unite in the bonds of science and friendship the professional men of remote regions of the country. We harmonize the asperities of sectional feeling, and add one more link to bind together the north and the south, and assist in preserving the perpetuity of our Union.

Cincinnati has a pecuniary interest in such an enterprise. Bringing together annually, large numbers of young men whose expenditures for books and clothing, for all the necessities and luxuries of life, and for professional equipments, will give additional activity to her business.

Cincinnati is deeply interested to establish a reputation abroad as the city of liberal institutions, where libraries are accessible to all, and where education of all grades, from the humble primary commencement, to its completion in college, and the final preparation for professional life are open to all, as free as air, and sunshine. Let this be the established reputation of the city, and it will furnish a strong additional inducement, to the worthiest and most enlightened class of people, to settle in our city and swell its numbers with estimable citizens.

But Cincinnati has an additional interest in this enterprise, in common with the whole country. We do most conscientiously regard those improvements in medical science, which have been originated by liberal American physicians, as being by far the most important and useful discoveries of the age. We believe that the valuable scientific discoveries, which are imparted to our pupils, and the important additional resources, with which they are provided for the hour of distress and danger, are among the greatest triumphs of science and benevolence, in the nineteenth century. We proudly point to the triumphant demonstration of these assertions. We point to the fact that while cholera travelled around the world, destroying according to historical testimony, from one fourth to one half of all its victims—striking a panic into every community, and laughing to scorn the resources of medicine, in Paris, London, New York, and Philadelphia, its terrible career was stayed in Cincinnati, so far as the sphere of

our college extended. Out of more than fifteen hundred individuals, who relied upon the American system of medicine taught in our Institute, there were only sixty-five deaths, being less than one-twentieth; less than five per cent.

There are probably at this time in Cincinnati, if they have not removed, five hundred individuals, who owe their lives to the existence of our Institute and its system of practice—who but for the appropriate and efficient remedies applied by the Eclectic practitioners, would at this time be seen no more among the living. We believe most solemnly, that by these improvements in our system of practice—which extend into the details of every portion of medical science—a vast annual amount of disease, and suffering and death, will be prevented. A difference of but one per cent, in the annual mortality of medical practice in the United States, makes a difference of a hundred thousand lives per annum—a difference almost equal to the entire population of our city. We claim with all sincerity, that the improvements which we have introduced into our system of medicine, produce a saving of life far greater than one per cent; and we refer for proof of this, to the statistics of Eclectics of this city, in cases of Cholera, and to those of the Commercial Hospital, and the city cholera Hospital.

If we were merely teaching stereotyped repetition of the teachings of others, we might present our cause before you, in a confident appeal to your liberality; but since we claim to be engaged in the cause of humanity—in the elevation of the medical profession,—believing that the amount of human life and death, disease and suffering, involved in the success of our enterprise, is greater than the amount involved in any political or military enterprise of the age, we may claim that even the sacred cause of the Hungarian hero is less important to human life and happiness, than the peaceful and beneficent improvements, which we are laboring to introduce; which will dry the tears of suffering and grief, and which in their peaceful operation throughout the whole extent of our republic may rescue millions from an untimely grave.

The magnitude of my calculations may appear almost incredible; but they are based upon the statistics of our national medical convention, and for every assertion that I make I have abundant proof in detail. A similar but much greater improvement in reference to human disease and mortality, has taken place in Europe. The medical statistics of Geneva have been kept for centuries, and they show that civilization and science have saved millions of lives. In the latter part of the sixteenth century one half of all that were born died under five years of age, and the average longevity of the whole population was but 18 years. In the seventeenth century, one-half of the population died under twelve. But in the first sixty years of the eighteenth

century one-half of the population lived over 27 years. In the latter forty years one-half exceed 32 years of age—at the beginning of the present century one-half exceeded 40 years, and from 1838 to 1845 one half exceeded 43. The average longevity at these successive periods has been increasing from 18 years, in the 16th century up to 41.7 by our last reports. To apply these calculations to our own country, such an improvement as is here exhibited from 1560 to 1845, would make a variation in our annual mortality of more than half a million, or about 1,500 deaths daily.

No such variations as these can be effected now by any system of medical treatment. They depend largely upon other causes, but of all single causes the state of medical science is the most important—for I repeat when physicians through our country have a greater mortality in practice, of only one per cent, among their millions of patients, it swells the list of deaths a hundred thousand per annum.

Cincinnati is deeply interested in this enterprise, because we propose to establish a hospital for the sick. The Cincinnati Commercial Hospital has been so long notorious for its deplorable condition—so long notorious for the extraordinary mortality of one sixth of all who entered its walls, (being more than twice as great as that of the Louisville Marine Hospital,) that common humanity demands imperatively that something should be done.

We propose to establish a hospital, in which our faculty shall give their personal attention, and the very best accommodations still be found for the sick. A hospital in which we are confident there never will be even one half the mortality, which has marked the Commercial Hospital.

Common humanity requires that the people of Cincinnati should co-operate in establishing a hospital, in which the afflicted citizen, or friendless stranger, might obtain satisfactory relief. I call, then, upon the people of Cincinnati to lend us a helping hand, to elevate and liberalise the medical profession, and to diffuse a thorough medical education far and wide—to render this city an emporium of medical science accessible to all. And, finally, to establish a hospital in which the best results of scientific medicine and kind attention, could be enjoyed by every patient.

Nor do we look alone to the establishment of a National Free Medical College and Hospital. The Free Medical College will be the germ of a larger institution; which is a part of the scheme.

From the successful establishment of the medical department, a similar organization of a FREE NATIONAL UNIVERSITY will be a natural consequence. The same spirit and zeal which are interested in this enterprise, will carry it on to its proper consummation. Give us but efficient assistance at this time, and the whole of this philanthropic enterprise, for the honor of your city, for the general welfare of humanity, and the glory of our common country will be realized. But whatever may be your

generosity upon this occasion, the movement has begun!—We hope that it will be sustained by the liberality of Cincinnati, and that this central city may be made the seat of the University proposed. But, if our citizens should repose in apathy, the principle of free education will not repose or be idle. In the matter of free professional education, Michigan and Illinois are already in advance of us, and I feel sure that in time, the whole country must adopt that principle. Let us not, in this matter, be left behind by neighboring states and cities. Cleveland is already in advance of us; she has not only had larger medical classes, but is about to realize the idea of a free National University! Shall we follow or lead? The scheme is not in advance of the times, but the times are getting in advance of us. I call, then, for your hearty co-operation, not to endow a faculty with profitable salaries, but to assist them in realizing a benefit and an ornament to the city.

ON THE EMPLOYMENT OF WATER IN SURGERY.

BY ALPHONSE AUGUSTE AMUSSAT, OF PARIS.

BY C. H. CLEVELAND, M.D.

Continued from page 489, vol. 3.

Our author entitles the *second* part of his *Thesis*—"GENERAL CONSIDERATIONS UPON THE USE OF WATER," and commences what he styles the "practical part of the subject," by propounding the following queries:

1. "What kind of water ought to be used in surgery?"
2. "What are the effects of water at different temperatures?"
3. "What, in general, is the most suitable temperature?"
4. "How long ought water to be continued?"
5. "What are the advantages of water at a suitable temperature?"
6. "What are the inconveniences which have been attributed to this agent?" and after these interrogatories have been fully answered, he proposes in an additional chapter to describe the principal modes that have been adopted for the *application* of this agent.

To the first query, of "*What kind of water ought to be used in surgery?*" he says:—"We may employ every kind of *fresh* water, and consequently that which is most easily to be procured; but if we have our choice, we should prefer such water as contains the smallest quantity of saline and foreign particles."

Waters holding in solution any considerable amount of saline, or earthy matters, where long continued, will leave upon the epidermis a deposit in the form of an adherent crust, that will at times sadly interfere with the healing process, and not seldom will prove decidedly injurious.

The 2nd question—"What are the effects of Water at different temperatures?" requires a more extended consideration.

It is proved by observation, that cold water, or that of a temperature of from 50° to 32° Fah., when applied continuously to inflamed parts, is a powerful *antiphlogistic*, and also a *sedative* when the patient can bear it without inconvenience.

It abates the morbid local heat, and subdues the inflammation, one of whose chief elements is now removed. It determines in tissues at the point of its application, a fibrillary contractility, which constricts the structures, and augments, so to speak, their cohesion. It possesses there a very decided *astringent* property. By diminishing the calibre of the capillaries, it repels the blood, and becomes *repercussive*. These properties have often been put to profit in arresting hemorrhages, and in diminishing the too great laxity of the skin in certain parts, as in the superior palpebral, scrotum, &c.

Cold water has also the property of directly exciting the tissues, and with an energy proportioned to the lowness of the temperature and the suddenness of the impression. We may invoke this property of water advantageously in all cases of atony, and of debility of any part of the system, to arouse and restore the tissues to the condition of excitement necessary to cicatrization.

M. PROGOFF, affirms, that "there is no better means than the employment of ice or snow, to combat the scorbutic tendency which a low temperature impresses upon wounds during the rigorous winters so common in Russia." "I do not know," says M. RICHER, from whom the above passage is borrowed, "whether the Russian surgeon applies the cold intermittently; yet in this way alone can I explain its efficacy, by supposing its success to depend upon the reaction which always results from its sudden application and removal."

Those surgeons who have made the most use of cold water, have uniformly noticed a depression of the temperature of the surface upon which it has been applied; but as yet, no experiments have been made, that have come to the knowledge of the writer, to ascertain whether there was an equilibrium of temperature between that liquid and the skin. It is manifest that what has been said of the effects of cold when water is applied, is also true when the low state of temperature has been obtained from any of the various freezing mixtures.

"The mode of the action of cold water," says LOMBARD, "being known by daily experience upon sound parts, it is easy to understand what must be its effects upon wounds in general; and it is

proper to say, that during the access of inflammation to which contused and lacerated wounds are principally subject, it is absolutely necessary to repeat the application often to *prevent the increase of heat and dessication*. The coolness of the water, also, while it tempers the heat, obviates congestions in the affected vessels. Consequently the suppuration is infinitely less, and more prompt, as the following history will prove.

“Christophe Hebert, a fusileer in the regiment of Alsace, company of Rutenburg, aged about twenty years, of a delicate temperament, received the 9th of February, 1785, a cut from a knife, which severed the extensor tendons transversely, and also cut the metacarpal bones which sustained the three last fingers. He was immediately taken to the hospital.

“The mode of dressing consisted in placing the hand upon a pallet, so that, by the aid of a crucial bandage, we could retain the fingers in place, after they had been adjusted. This apparel was simply moistened with cold water, with express injunctions to renew it as often as the patient discovered in the limb a certain degree of heat. The hemorrhage, although quite copious at first, soon ceased. On the third day, the hand was a little swollen, but the pain was so slight as not in the least to discompose him, or disturb his sleep, and the wound had such a healthy secretion, as to permit us to regard the swelling as of no consequence. Suppuration progressed regularly without becoming excessive, and was at all times healthy. The dry lint employed in the last dressings, completed the cicatrization which the continued use of cold water had so well commenced; and the soldier left the hospital on the 19th of March perfectly cured, and without having experienced a single unfavorable symptom.”

Cold water possesses very marked stimulating properties: it congests and reddens healthy tissues, and it produces the same phenomena upon inflamed parts. It also hastens suppuration, by increasing the activity of the parts.

At a higher temperature, as from 86° to 95° Fah., that is, below or near the temperature of the body, its application to an inflamed part, where pain, heat, swelling and redness are present, it relaxes the tissues, obtunds their excessive sensibility and contractility, and produces marked relief. If the application at this temperature be continued, the cortege of inflammatory symptoms are seen little by little to disappear, and its *emollient* action is exhibited in the most favorable manner. At this temperature, also, it promotes suppuration.

We see indeed every day, wounds whose appearance was satisfactory, and which had reached the stage of regular suppuration, suddenly assume, under the operation of various causes, a bad aspect, in connection, ordinarily, with a manifest diminution, and sometimes with an arrest of the secretion of pus. In those cases, the employment of water, *moderately warm*, soon restores the secreting surfaces to their normal conditions.

Water in the middle temperature, that is, between 64° and 77° Fah., partakes of the properties of both *cold* and *warm* water; and at this temperature it possesses almost all the advantages of cold water, without its inconveniences, as we shall hereafter discover.

Its use, after an operation, destroys that erethism and pain that ordinarily succeeds the use of the knife; while on the contrary if the patient is in that state of stupor which usually accompanies grave lesions, such as violent falls, crushing by machines, wounds from fire-arms, &c., it restores tranquility by regulating the action of the nervous system.

In cases where inflammation has not yet occurred, it prevents it, and often obviates the development of traumatic fever. If, however, these phenomena are already manifest, water moderates them, or makes them entirely cease, and arrests the accidents which the inflammation was producing.

AMUSSAT says, he has witnessed the power of irrigations with tepid water in subduing traumatic fever, consequent upon a severe operation made by his father upon a lady of sixty years of age. Water at 68° or 71° Fah., employed immediately after the operation, had prevented all inflammatory reaction, when the patient suspended the application during the night. Fever was soon apparent. After several hours, the irrigations were recommenced, and the fever ceased. Again the water was suspended, and the fever reappeared; and again applied, and disappeared again."

A. BERARD has noticed, that in the treatment of simple wounds, water greatly favors union by immediate adhesion.

"If we carefully note the action of water upon a suppurating surface, we see that it acts as an antiphlogistic and deterative.—It moderates the purulent secretion, and removes the pus as fast as it is produced. Indeed, we may affirm that from the use of this agent, there results a suppuration laudable in quality and in quantity; also an inodular membrane, and by consequence, a cicatrix, formed with more regularity and promptness."

While observation, many times repeated, has proved incontestably the truth of the above quotation, it is but natural that the enquiring mind should seek to discover the *modus operandi* of this simple agent in producing such wonderful results; and therefore we find that various observers have come to different conclusions—a few of which it is proposed to examine.

"How does water produce the effects of which we have spoken?"

"Is it by restraining the morbid development of caloric in the part, as is maintained by MARTEL, PARR and JOSSE?"

"Is it by hyposthenic action upon the nervous radicals?"

"Is it by absorption, as LOUIS, PERCY and LOMBARD think, in opposition to M. M. JOSSE and MALGAIGNE?"

"Is it because water by irrigation acts upon the parts as a bath of moderate temperature, which, while it does not interrupt the

circulation of the fluids, prevents nevertheless their being carried in too great abundance to the diseased limb, as is supposed by Nivet?"

"Is it by maintaining in the diseased parts a uniformity of temperature, that the warm and hot water dressings of Mr. Lisron act, as advocated by Richer?" thus producing an incubation of a novel kind.

"Is there a development of electric phenomena, from contact of the water with the body at unequal temperatures, as has been suggested by Jossé?"

Or rather, may it not be by a *combination* of these various effects—the one or the other predominating, according to the peculiar condition of the patient at the time he is being acted upon by the fluid, as well as the temperature of the water at the time of its being applied?

It is easy to understand, that cold water applied to the human frame will, according to natural laws, absorb morbid or normal caloric, until the parts in contact with it are reduced to the same temperature with the water; and therefore all must answer the first question in the affirmative, yet not to the exclusion of the idea that the other alleged causes may deserve some credit in producing the result.

In regard to absorption, M. PARRY has made some experiments, that well deserve consideration in arriving at a just and proper conclusion.

"To determine," says he, "the *modus operandi* of cold water, there is an experiment which I have many times repeated. If we apply a vesicatory, and remove it when rubefaction is produced, water, upon first contact with the inflamed skin, determines a painful and smarting sensation; but soon the pain is blunted—the sensation of burning heat diminishes, and at length ceases entirely. If we suddenly suspend the application of the liquid, the inflammation is renewed, and with more violence than at first; for the vascular ramifications having become more permeable, admit now a larger quantity of blood. Again, if we remove the vesicatory when the vesicles have begun to form, we see them diminish, and even completely disappear sometimes, after the application of cold water. If we suddenly cease the application, the vesicles are soon seen to be reproduced, and to augment in volume. This fact demonstrates that the physiological action of absorption is not retarded by cold water applied to the surface of wounds.

To the patient who was the subject of the first observation, I have several times applied three centigrammes of sulphate of morphia upon the surface of the wound during continued irrigation; soon he has become drowsy. The next day I have substituted ten centigrammes of tartrate of antimony for the morphia, and the patient has experienced nausea without vomiting.

"A woman complained of a severe rheumatic pain, seated in the deltoid muscle. Several blisters had been applied in vain upon the painful spot. The epidermis was removed after the last blister, and the raw surface sprinkled with three centigrammes of morphine, and then covered over with wet lint; the lint was constantly moistened. Night and morning the morphine was renewed, and the fourth day the pain had completely gone.

"These facts prove beyond controversy, that the application of cold water to the surface of a wound does not hinder absorption. We should, nevertheless, take care when desiring the absorption of a remedy, not to pour upon the part an excess of water, for whether soluble or not, it will be washed off.

"If we remove the vesicatory when the cuticle is already very much raised, absorption will not take place, however long the water may be applied.

"Upon all the patients, whose cases I have cited in this memoir, I have established the action of absorption by the application of cold water to the surface of the wound."

MALGAIGNE, after having noted the different theories that had been offered in explanation of the action of water in irrigations, says:—"Without engaging in a discussion which is scarcely susceptible of an entirely satisfactory termination, I will say, that in my opinion, the only way to comprehend the therapeutic action of an antiphlogistic, is to recognize in inflammation several elements, according to the doctrine of BERARD and BARTHEZ. If we attack one of these elements before the inflammation is developed, frequently it is entirely prevented: if it is established, the success will depend upon the relative value of the element attacked, and of the stage at which the inflammation has arrived. Thus opium, in large doses, by subduing pain, obviates phlogosis; while leeches act by diverting the sanguinary afflux.

"So by cold irrigations, in whatever way applied, we combat directly, either before or after their appearance, the heat, sanguinary afflux, &c. With certain subjects, however, other elements predominate, as for example, the nervous element, or pain. Then cold irrigations are powerless, and it becomes necessary to resort to tepid liquids."

Next, the third question, or, "*What in general is the most suitable temperature?*" is discussed by our author, who advances the opinion that this subject was better understood by the ancients than by the moderns; for while they mainly used only affusions and fomentations, which are much less potential than irrigations, they were careful to direct that the water should be warm in winter, and cold in summer.

"Cold is severe upon wounds," says HIPPOCRATES; "it hardens the skin, excites pain, retards suppuration, predisposes to gangrene, shiverings, convulsions, tetanus;" and the followers of this wise teacher showed a laudable desire to be guided by his teach-

ings, and employed, generally, water of a mild temperature, and more frequently warm than cold; and by a reference to the former article on this subject, it will be perceived that A. PARR, LAMOIRER, LOUIS, PONTIER, GUYROT, RECOLLIN and CHAMBER, also preferred to use water that was tepid.

LOMBARD says:—"The varieties of which diseases are susceptible, according to the person affected—the different conditions into which they pass successively, depending upon the age, the time, the season and the place—the parts more or less delicate, which are involved, &c., are circumstances which do not permit the supposition that cold water can be a remedy applicable to every kind of injury."

Such are the general properties of tepid water, that it softens the tissues of the skin, relaxes the texture of the nerves, which are distributed through it, and dilates the pores, and prepares them to receive the smaller particles of water, to be afterwards carried along the course of the circulation. These various effects contrasted with those invariably produced by cold water or ice, teach us the necessity of managing these topical applications according to the relative indications.

In no way can we combat inflammation more effectually, in no way can we relieve the maladies of persons of a dried-up constitution, and especially of old men, whose fibres are stiff and withered, than by baths, fomentations, immersions, and ablutions, of tepid water. The true and only remedy is to preserve the flexibility, and the action of the fibres, by moistening them as often as possible.

The most skillful practitioners of the last centuries did not confound the properties of cold water with those of warm. The proper time for employing this remedy, cold or warm, was indicated by the changes which occurred in the wounds, and by the different revolutions which each season brought with it. The modifications of heat and of cold, of which water is susceptible, seemed to fulfill all indications. *The degree of heat at which they ordinarily employed water, was such as to excite an agreeable sensation when the hand was plunged into it.* This is what PARR intends, when he says it ought to be temperate, or tepid.

In support of the above, LOMBARD cites the following facts:—"Two days," says he, "after the entrance of the soldier from Alsace into the hospital, there presented himself a corporal of the regiment of Foix, company of La Richardiere, named Guirdin, wounded by a thrust from the point of a sabre, which traversed the thickest part of the deltoid. This man was of a bilious complexion, and had a very irritable fibre. The extensive tumefaction which occurred in the shoulder the moment the wound was received, indicated an effusion in the track through which the sabre had passed. To evacuate the blood, I enlarged the posterior opening, whose narrowness did not permit it to escape. This

done, I had the tumor fomented with *warm water*, and soon it was diminished more than half—the blood having escaped freely from under the gentle warmth maintained by the fomentations. The track closed gradually, with slight suppuration, and the two wounds cicatrized promptly. The progress of cure was steady and uninterrupted, and the patient resumed his military exercises on the twenty-fourth of March.

“The twentieth of April following, two fusileers of the regiment of Hesse Darmstadt entered the hospital, wounded by blows inflicted for desertion. One of these, twenty-two years old, was of a humid temperament, and had a very loose fibre; the other, in his thirty-eighth year, was, on the contrary, of a robust constitution—bilious and dry.

—“The first, Jean H——, was constantly dressed with *cold water*, and was cured on the ninth day, although the integuments had been lacerated deeply in several places.

“The second, Christophe A——, was fomented with *warm water*; and notwithstanding he had been more injured than the first, he was entirely cured on the tenth day.”

AMUSSAT agrees in opinion with LOMBARD and PARE, in their estimate of the value of tepid water, and founds his opinions from observing cases that have occurred in the practice of his father, which have shown conclusively that in most instances, *tepid water* is far superior to cold.

PERCY, BRIOT, GUTHRIE, &c., made use of water either cold or tepid, according to the circumstances in which they were placed; but as they were generally employed with armies, and on the field of battle, they were constrained to use that which was cold, for the want of conveniences for warming it.

“Tepid water,” says SANSON, “possesses especially emollient properties in an eminent degree; applied to the healthy tissues, it is promptly absorbed by them, swelling and softening them, without abstracting the blood, so that they are left pale and colorless; applied to inflamed tissues, it relaxes them, and, *perhaps by facilitating the circulation of the accumulated blood*, it assuages the pain, and hastens resolution.” (Perhaps also the pain and redness is diminished by the animal *electricity*, and *heat* being absorbed and carried off by the aqueous fluid, which is a free conductor of electrical fluid.—C.)

“It acts as a cataplasm,” our author continues, “or rather, as the advocates of water say, cataplasms act as curative agents only by virtue of the water which they contain, while simple water possesses the advantage over cataplasms, of being more readily absorbed, since it does not form upon the skin a mucilaginous layer, which obstructs absorption. It undergoes no changes; it is less cumbersome—less expensive; it is found everywhere, and is subject to this one inconvenience alone, which does not belong to cataplasms, viz: it must be more frequently renewed.”

Many surgeons who have advised the application of water as an antiphlogistic, from the fact that they have considered *heat* as the most important element of inflammation, have preferred to use it cold ; yet those who have discovered, or have supposed they have discovered hurtful effects from the application of water, have almost invariably declaimed, not against the liquid, but the low degree of temperature at which it has been applied ; and we must acknowledge, that not unfrequently surgeons have caused serious mischief by frigid applications long continued. But if we can remove the morbid heat, and subdue the inflammation with water that is quite agreeable to the patient, and yet perhaps slightly lower in temperature than the part to which it is applied, it is to be hoped that the objections referred to will no longer obtain ; and the objectors will admit that their observations do not militate against the liquid *per se*, but only against that which is too cold. Yet all must admit that there are cases where water that is *quite* cold, even to the point of congelation, is preferable to that of a higher temperature.

Yet in the selection of the temperature at which water should be applied, we must not only be governed by the season of the year, rather than the degree indicated by the thermometer, but we must also take into consideration the temperament, sex and age of the patient. Instead of being guided by the instrument, we have in the patient a better thermometer for all practical purposes than any instrument can be ; and by being guided by the sensations produced by the applications, we can avoid all the objections that have been urged against the use of this liquid, and obtain all the beneficial effects that have been claimed by those who advocate its use.

I have extended the selections from authors, and my remarks upon the subject of *temperature*, because I consider it one of the greatest importance, and also, because, at the present time the advocates of water in this country, and especially those who seem capable of entertaining but *one idea* at a time, have, in their fanatical laudation of *cold water*, almost entirely neglected to make a trial of that which is but tepid, or that which is warm. In fact, almost all who have written on the subject in this country, have apparently confined their researches to the use of *cold water*, and many have seemed to think that the colder the better in all cases ; and I have known instances at the Water Cure Establishments, and under the care of Hydropathic practitioners, where patients possessing but a low degree of vitality, or small reactive powers, have been kept in a state of chilliness for several days continuously, to their great detriment. Too much care cannot be taken to avoid such results, and many who would be seriously injured by *cold* water, even when applied but for a short period, will be decidedly benefited by that which is tepid or warm.

These remarks are as applicable to the use of water in cases that do not belong to the domain of the Surgeon, as they are to those which are more purely surgical in their nature.

The fourth enquiry, or:—“*How long ought water to be continued,*” can be answered in a few words.

The duration of the application of water, must vary with the manner in which it is applied, as well as with its degree of temperature. In the hospital of the university of London, where water takes the place of all other cataplasms, and almost of all other topical applications, it is generally employed during the entire course of treatment, and the success attendant upon the mode then adopted, as well as that which has been obtained by others who have given it a fair trial, has been sufficient to warrant the opinion that this common fluid is all sufficient for most cases.

5th. “*What are the advantages of the use of water at a suitable temperature?*”

AMUSSAT, says:—“We may regard water as the most powerful of all local antiphlogistics, and by proper variations in temperature, and in the modes of application, it may be rendered sedative, emollient, excitent, astringent, repulsive, &c. It offers the further advantage of diffusing and carrying off secretions which excoriate the tissues, or which, by infiltrating into their structure, often caused disorganization and death.

“By maintaining in the wounds an inflammation which does not exceed proper limits, and by removing the pus as fast as it is formed, it favors union by first intention in simple wounds, and in many cases it obviates that excessive secretion of pus, which exhausts the patients; it also prevents purulent absorption, hospital gangrene, &c.”

“Properly applied, it maintains the parts of a uniform temperature, which circumstance goes far toward the accomplishment of a cure.”

LOMBARD, says:—“One of the principle advantages of simple water over other dressings in common use, such as compound fomentations, cataplasms, and uguents, is its cleanliness, which contributes not a little to the cure. For to render the use of water still more efficacious, it is proper each time the dressings are removed, to wipe gently the parts with a piece of soft and dry lint. This is a point of great importance among skilful surgeons.”

While in private practice, water possesses all these properties in a superior degree over all rivals; in the wards of a hospital, there is still another, and great advantage which it possesses. It would prevent the formation of those deadly gasses which result from the fomentation of pus, animal secretions, and the substances, of which poultices are compounded, and which sometimes induce mortification and death, in patients exposed to its influence, but who have suffered from wounds or operations that

are so slight, that without this source of disease, would readily recover.

In addition to all this, the patient, by avoiding the debilitating effects of venesection, and internal antiphlogistica, is kept in a condition in which he can sooner bear a nourishing diet; and thus will convalescence commence more early, but it will progress more rapidly, and be completed more immediately than under the usual course of treatment.

Lest these statements, to some may seem visionary, unfounded, and the result of morbid reasoning, I will ask the attention of the reader to the following extract from an article by M. SEDILLOR, on the *means of insuring success after amputation of limbs.*"

The dressings in consequence of the grave accidents to which they give rise, are one of the greatest causes of mortality after amputations. The stump is strangulated by unyielding rollers, and the wound by straps and sutures.

The fluids, blood, serum, and pus, imprisoned within the wound, compress the flesh, prevent free circulation, induce œdema, swelling, inflammation, erysipelas, purulent deposit, ulceration, phlebitis, erosions, of veins, *pyæmic*, caries and necrosis of the bones, etc. Let every Surgeon recall his own experience, and answer, whether at the removal of the first dressing, he has not seen the skin œdematous covered with phlyctenulæ in the intervals between the adhesive straps, attacked with an erysipelatous redness, a sanious and fetid pus flowing from the interior of the stump; and all the patients expressed relief after the dressing. Who has not been a witness of wounds united almost through their whole extent, in which it became necessary to open them to allow the pus collected in narrow fistulas and large depots to escape? What abscesses and purulent channels have retarded the healing! What caries and necroses have indefinitely deferred the cure! Such, too frequently are the facts, as may be easily verified in all hospital services; and it is no longer a matter of surprise that physicians are disposed to renew their dressings often in order to save their patients from such severe accidents. I certainly think, if we are to employ dressings at all, it is better to remove them at about twenty-four hours, and assure ourselves of the condition of the stump, rather than to wait four or five days in complete ignorance of the state of the wound; but it must be remembered that the removal of dressings is in itself fatiguing, painful, exposes to cold, and consequently to tetanus; it requires much time and must be confided to assistants whose experience does not equal their zeal. While they remain upon the wound, a hemorrhage cannot be immediately discovered. The amputated limb is either too much or too little compressed, the bandages are relaxed, the flesh is not sufficiently supported, the muscles retract, and in spite of the perfection of the operative manoeuvre, the bone protrudes, dries, and the life of the patient is endangered.

A bandage, however well applied is a feeble measure against the evils of which we have spoken, and the remedy must be more energetic and more complete. If we admit that dressings, whether removed often or seldom, aggravate the danger, the question is settled! They ought at once to be abandoned. How to dispose with dressings may appear incomprehensible to physicians educated to respect the pledget and the bandage, this is a reform which we have adopted, and to which we ascribe our success. But how shall we prevent retraction of the muscles, concavity of the stump, and obtain cicatrization of the wound? By a means both simple and easy of execution. Dressings are only intended to maintain mechanically in contact, the edges of the wound. If the edges will remain spontaneously in contact, then the dressings are useless, and this is the end we propose to attain by abandoning the circular amputation, and resorting to a method of one anterior flap, comprising two-thirds of the circumference of the limb. The last third is cut perpendicularly from the angle of the flap; the bone is exposed more or less, according to the indications, and the flap falling back naturally upon the wound, by its own weight covers and closes it, without the absolute necessity of any dressing.

M. SEDULLOR, continues, by detailing his method of dressing the stump after amputations, but, as it is somewhat extended and minute in description—and one too, that does not seem the best adapted for actual trial, it is thought best not to prolong these papers by transcribing it.

There can be no doubt but observation and a little native ingenuity would readily convince any scientific observer that proper water dressings may very advantageously take the place of the more cumbersome, filthy, and every way unsatisfactory dressing with fillets, bandages, fomentations and unguents.

By using water dressings, we are able at any moment, and without disturbing the limb or giving pain to the patient,—to make all necessary examination and inspection of the wound, and also to regulate the pressure, the warmth, and the moisture, as may be desirable, while we at the same time keep it thoroughly freed from the usual secretions, as fast as they are deposited, and no putrefaction or fomentation can occur.

6th. "*What are the inconveniences which have been attributed to this means?*"

"If 'says AMUSSAT,' we refer to the cases which have been reported, we shall find that the first impression of cold water upon an injured part, especially if there is a wound, is generally very painful, and the more so in proportion as the temperature is lower and the condition of the nervous surexcitation is more distinct." SANSON says he has saw many persons wounded by firearms, in whom cold water produced such intolerable pains as compelled him to suspend its use. GUTHRIE laid it down as a rule, that if cold water was disagreeable to the patient, it must be renounced;

M. PARAY has noticed in cases which reports, the ill effects produced by the same cause; and AMUSSAT says he has noticed like results both in the Parisian hospitals, and in private practice.

It has been observed by all, that gradually the patient gets accustomed to the cold, and the pain lessens until it finally ceases entirely, and the wound remains without pain until the inflammation has entirely subsided; when the injured parts as they recover their normal condition, return to their natural sensibility, and the patient again complains of pain. This return of pain in the wound, has been generally received as the indication that the time has arrived when the water may be discontinued, and cerates should be applied. The pain spoken of has only occurred when the water used was cold, while water at from 64° to 77° Fah. does not occasion any painful sensation even at the first, and is for all stages much more soothing than that which is cold.

The application of cold water as used in the hospitals of Paris, especially in the winter, frequently produces horripilations and shiverings, that sometimes have continued several days, and until the patient has suffered very severely from this cause.

SAMSON says he saw a female with whom a superficial burn seemed to indicate cool applications, and who was seized with tetanus soon after their use had been commenced.

Again, M. PARAY has reported the case of a young girl whom he subjected to applications of cold water upon the head, for a complicated fracture of the frontal bone; the mother having discontinued the application on the fourth night, tetanus immediately supervened, and did not cease until the water was reapplied as at first.

"Mortification of the tissues, the accident which seems most to be feared from refrigeration so long continue," says A. BARAUD, "is extremely rare, and we have not seen it even in parts submitted to running cold water, unless they were already disorganized by the violence of the contusion. It is more easily induced in the extremities of the limbs, and I have had the misfortune of seeing it twice occur upon the great toe."

In regard to those cases on the extremities that are severely injured; or those in other parts of the system, when the part is nearly severed from the individual, or the vitality is nearly destroyed, he says—"cold water then acts, without doubt with too much energy, and under its sedative influence the circulation is retarded, and perhaps even completely in the tissues which the contusion has spared, and life is extinguished in every part which has lost its vascular connection with the use of the body."

"Who will affirm," says M. RICHET, "that the application of a powerful refrigerant upon a large surface will not, by repelling inward upon the viscera the blood which originally abounded in the diseased part, occasion congestions, and give birth to those complications to which I have alluded! The facts are every where to be seen."

"It is well known," says SANSON, "that cold applications may cease to be useful, and may even become hurtful, by rendering the flesh œdematous and pale, and causing it to become irritable when suppuration is established in wounds. Sometimes also they entirely prevent the development of inflammation to such a degree as that at the end of twelve or fifteen days the wound is still nearly in the same condition as at the moment of the accident."

"Cold," says TANCHOU, "is only suitable for the young and robust; with feeble persons, the very old, and infants, it is always injurious."

M. NIVET, thinks that water a little below the temperature of the part, acts not so much by abstracting caloric; as by diminishing the vascular circulation.

From the foregoing, it will be perceived that cold, which is readily borne by a man who is strong, robust, and healthy; one enjoying proper exercise, and taking sufficient nourishment, cannot as well be endured by one broken down by pain and suffering—confined to his bed, breathing an impure atmosphere, and from loss of appetite, taking a diminished quantity of nutriment, and while cold water possesses some valuable properties,—that when improperly or unskillfully applied, it is not only not productive of good, but may become exceedingly dangerous. Therefore, we ought to prefer that which is tepid, as that will calm the pain, and remove the excess of heat, and produces all the good effects of that which is cold, without the danger of chills, tetanus, or gangrene.

The diseases in which water can be advantageously employed embraces a long list, among which are *inflammations, erysipelas, burns, ulcers, gangrene, wounds, simple and contused gunshot wounds, wounds from operations, amputations, &c.; hemorrhages, contusions, affections of the joints, hernias, diseases of the eyes, diseases of the genital organs of males and females.*

No truly scientific writer on the use of water for the removal of disease has supposed that water would entirely do away with the necessity for using other medicines; or that the selection of the desired temperature or mode of its application, would be so simplified, that non-professional persons would be competent to apply it in the manner necessary to insure advantage from its use.

In reality, this is the agent of all that armament at the command of the physician or surgeon, where a great degree of wise tact, and scientific attainment is needed, and can be displayed to the greatest advantage, and the man who supposes he can manage cases of any degree of gravity, without those requisites, merely because the agent he uses is simple, will inevitably fail of success.

Waterbury, Conn. Nov. 1851.

PART II,---MISCELLANEOUS SELECTIONS.

MODERN SURGERY.

Prof. Mutter delivered a lecture, a short time since, "on the present position in Europe of some of the most important points of modern surgery," in which he makes the following statement respecting the use of anesthetics:

"In England, Scotland, and Ireland, and on every portion of the continent of Europe, it would appear, that no surgeon of any grade, high or low, pretends to practice his profession without the constant use of some anesthetic agent. When I asked my distinguished friends in London and Paris, if they employed the measure with the same degree of confidence as at first, they seemed surprised at the question, and unhesitatingly declared, that no surgeon would presume to perform a serious operation without first bringing his patient into a state of anesthesia, provided always, there was nothing present to contraindicate the production of this condition. While there exists some difference of opinion as to the best agent to be used, there is none upon the great point of the value of the measure in the practice of surgery. The agent usually employed is *chloroform*, a fluid first used to any extent by Dr. Simpson, of Edinburgh; and it would appear that very few cases of serious consequences resulting from its employment, have been met with, either in public or private practice."

Of the use of the microscope in the diagnosis of surgical diseases, he thus speaks:

"*The Microscope*.—The next point of interest to which my attention was directed, was the influence of microscopic observations in surgery. In *Anatomy* and *Physiology* so much has been gained by the use of the microscope, that I was led to hope that our department had also been enriched through the agency of this most wonderful instrument—nor was I disappointed. In the study of *malignant growths*, much has been discovered both novel and practically useful. Again, in the examination of *secretions*, the microscope has proved of great value. For example, we are able to decide in cases of deep ulcer over a bone, by examining the pus, whether or not the bone is diseased. The presence of pus in the sputa can only be detected by the microscope. It is also of great value in the diagnosis of certain diseases of the *kidney and bladder*. Without it, Mr. Quekett could never have made the wonderful discovery that a *urinary calculus*, a solid

stone, is in *reality organized*; and by its use alone can we ever arrive at a correct classification of *Tumors*. The application of the microscope in surgical pathology, however, is still almost an untrodden field, and he who now determines to enter upon its cultivation, will most assuredly reap a rich harvest of renown for himself, and confer lasting benefits upon humanity and science."

Prof. Mutter found that in Europe there were still adherents to the old system of dressing wounds with charpie and poultices, and that in France the common practice was still to attempt by such methods the cure of extensive wounds by the *second intention* of Hunter; but that in England, as in our own country, the practice is to secure, in most cases, the immediate union of the wound by *cold water* and the lightest dressings.—*Wcs. Jour. Med. & Sur.*

THE FREE MEDICAL COLLEGE.

Professor Buchanan delivered a lecture before the Mechanics' Institute last night, in which he not only advocated boldly *free collegiate and professional education*, and recommended the establishment of a *Free National University* in Cincinnati, but announced that the initial step of the scheme had already been taken, and that a Free Medical College was already established, and would give its first course of free lectures in the months of March, April, May and June.

Dr. B. advanced many arguments and various statistical facts to show that all education, and especially *professional education*, concerned the welfare of the whole community, and should be supported and encouraged by all; that medical education was very defective at present, a large number of practising physicians having never attended any school; that free education would induce and enable all designing to practice medicine to obtain a thorough education; that Cincinnati was the best location for such a movement, and that the Eclectic Medical Institute was the best qualified to undertake it, as that College had been more successful in attracting a large number of pupils than any school which had ever been established in Cincinnati.

The Faculty propose to erect a spacious edifice, to establish a hospital of the most desirable character for the honor and benefit of the city, and to make their institution free from the usual professors fees, leaving only the incidental fees for matriculation, dissection and graduation, to sustain the expenses of the school. Aiming ultimately at the establishment of a free National University, it is hoped by this scheme to elevate and diffuse medical education, and to render our city an attractive focus of literary and scientific advantages.

In behalf of this scheme, as the commencement of a beneficial and public spirited enterprise, Prof. B. appealed to the public for sympathy, assistance and practical encouragement, and urged that if we did not establish such an institution in Cincinnati we should be left in the rear by other cities and states, in which the idea of free professional education would probably soon be realized from present movements.—*Cin. Daily Enquirer*.

CONSUMPTION.

Statistics prepared by the American Medical Association represent that in the city of Boston, during the three years from 1846 to 1849, there were 6888 deaths from consumption alone, while in the same period the deaths from typhus fever were only 2825, and those from dysentery only 1606. In the five years from 1844 to 1849 there were in Massachusetts, 13,004 deaths from diseases of the respiratory system—30 per cent. of the whole mortality. In Lowell, in every 10,000 deaths, 2500 are from lung diseases. According to the lately published registration of mortality in Massachusetts, there were, in 1849, 4634 deaths from diseases of the respiratory organs; a greater number, by thousands, than were caused by the diseases of any other set of organs. It will be seen from statistics like these that consumption is very properly called the 'Scourge of New England.' Cholera, small-pox, and all other epidemic and infectious diseases combined, have never been, and will probably never be, such causes of death as this one disease of consumption. It is evident to any thinking man that these terrible results flow from fatal mistakes in living. New England has no fatal miasms, comparatively no squalid poverty, and necessarily, no unhealthy food. Her territory is covered with comfortable dwellings, her hills rejoice under the purest of air, vegetable and animal come to a healthy maturity for the food of man, and the materials of clothing are abundant. Where lies the secret of the destroyer? In our opinion, the answer to this question lies in skins debilitated in suffocating stove heat, to such an extent as to make them susceptible to the influence of every otherwise healthful breeze, and to every change in the atmosphere. There is no adaptation of clothing to temperature, and there is, in every country town, a system of living in reeking kitchens, stifling with their heat and steam, that is adapted, exactly, to the production of pulmonary diseases.—*Exchange*.

UNWHOLESOME MILK.

The sale of impure, unwholesome milk, in this city, an evil which our citizens have in vain petitioned Council to abate, has of late assumed a most aggravating and serious form, rendering some immediate action in the premises imperatively necessary. Last week two members of a family with which we are intimately acquainted, one an adult the other a child about eighteen months old, were afflicted for several days with a violent diarrhœa, accompanied by pains in the head and a continual disposition to vomit. Numerous remedies were administered without the least perceptible effect, until at length the patients clearly manifested symptoms of poison, and emetics were given, which, in a few minutes discharged from the stomachs of both the sufferers a great quantity of watery fluid containing large particles of a substance resembling the curds of milk. The patients were then directed to abstain from the use of milk, which they did, and the following day were entirely relieved.

The other members of the family who used milk have at various times experienced illness of the same character, frequently to quite an alarming extent. A quantity of milk such as used by the family has been subjected to a chemical test, and found to contain the grossest impurities. Another portion has been saved for analyzation, which it is thought, contains poison.

We are personally cognizant of another case of sickness, unquestionably caused by the use of bad milk. The patient a child aged about one year, had been suffering with precisely the symptoms aforementioned, until at last it became so low that arrow root was substituted for its food instead of milk. In a few hours a change for the better was perceptible; the use of the milk was entirely discontinued, and the child soon recovered.

These are instances of the deleterious effects produced by a large proportion of the milk now sold in our streets and numerous stores, which should serve as a warning to those using the article in any shape.—*Cincinnati Daily Gazette.*

ALLOPATHIC TREATMENT OF APOPLEXY.

Dr. Copeman, an allopathic Surgeon of London, has been ransacking all the medical books and periodicals he could get hold of, to ascertain the result of the use of the lancet in apoplexy. The following is the table he found and has published:—

Number bled, - 129; Cured, - 51; Died, - 78.

Number not bled, - 26; Cured, - 18; Died, - 8.

Showing that in the cases where bleeding was practiced nearly two out of three died; whereas, in the cases treated without blood-letting, more than two out of three recovered!

ALLOPATHIC TREATMENT OF PNEUMONIA.—Dr. Dielt, an Allopathic doctor in Vienna, publicly reports the treatment of 380 cases of Pneumonia, or inflammation of the lungs. Of those who were bled, 20 per cent. died—of those *not* bled, and took no medicine, only seven per cent died—showing that the use of the lancet actually *increases the deaths nearly two hundred per cent!*

A pretty condition of things, truly! And it is called science, too!

The corollary from these extraordinary statistical facts is the mathematical demonstration that, if there were no Allopathic doctors, and no allopathic treatment whatever, the number of deaths would be diminished two-thirds. Call in your Allopathic doctors, you who like to be 'slaughtered.'—*Sunday Courier.*

THE ECLECTIC MEDICAL JOURNAL for November. JOSEPH R. BUCHANAN, M.D., and R. S. NEWTON, M.D., Editors. Cincinnati, Post & Co.

A highly interesting paper on the employment of Water in Surgery, translated from the French of Alphonse Auguste Amussat, of Paris, opens this number.

This article is made up of the combined experience of many eminent surgeons (chiefly military,) of Europe, in the use of water as a healing agent in cases of severe wounds.

An article follows condemning the practice of universal dosing with calomel in the treatment of various diseases, particularly in the case of children. The views here set forth are worthy of grave notice by the public, who at the present day are the victims of this system, so mercilessly inflicted upon them. The author quotes from Dr. A. Hunn an opinion, which if not applicable to the entire medical practice, applies with truth to some practitioners who make this terrific agent supply the want of medical skill. It is miserable to see the number of children whose tender constitutions are annihilated by the reckless appliance of this drug. Dr. Hunn says:—

"This is the era of calomel. The present medical practice might well dispense with every other drug besides it. I own that the calomel practice is both cheap and easy to the physician, for the whole extent of both theory and practice is "*give calomel!*" If that will not help, give *more* calomel, and if that again proves abortive, double treble the doses of calomel. If the patient recovers, '*calomel has cured him;*' if he dies, '*nothing on earth could have saved him!*'"—*Cincinnati Citizen.*

VARICOCELE TREATED BY THE NEEDLES AND THE TWISTED SUTURE.

UNDER THE CARE OF MR. FERGUSON.

[It seems pretty well understood that all cases of varicoceles do not require operative interference, proper and well regulated support generally affording sufficient relief where the affection is not of a severe description. The distended veins of the cord, however, may cause such painful dragging and disturbance of the general health, as to call for some remedial means. M. Boyer advises an incision to be made over the external ring, to lay open the fibrous sheath of the spermatic cord, and to tie every thing contained in it but the vas deferens and the artery. Though hazardous, the author prefers this method to the ligature as advised by M. Ricord, cauterization, or to the rolling up of the varicose plexus, as advocated by M. Vidal. The following case will illustrate Mr. Ferguson's plan. W. J.—, aged 28, admitted March 13, has had an aching pain in the scrotum for the last eight or nine years. The veins on the left side are much enlarged and turgid, with dragging pain in the cord, and severe aching in the back and loins. He has been wearing a suspensory bandage for the last two years.—*Braithwaite's Retrospect.*]

On the 15th of March, Mr. Ferguson passed three needles under the scrotal veins, and twisted strong silk round them, as in the hare-lip operation. Two days afterwards the inflammation was rather severe in the scrotum, but the patient only complained of heat in the part, and of a little cough. On the eighth day the needles ulcerated out, and no pain or tenderness of the cord was complained of. On the seventeenth day, Mr. Ferguson removed the needles, which were very nearly out. On the twenty-second day, the sores left by the needles were rapidly healing, and the patient was soon discharged, free from the very inconvenient affection for which he had been operated on.

The mode of operating illustrated by this case combines many advantages, and does not seem, while it effectually obliterates the veins, to inflict such violence upon the vessels as is done by a method newly introduced at Paris by M. Vidal, Surgeon to the *Hopital du Midi*.

This latter method consists in passing a silver wire, held by a needle, behind the veins of the cord, these vessels and the vas deferens having first been separated. Another silver wire is then introduced in front of the vessels, this second wire running through the same apertures as the first. The veins are thus situated between the wires, the ends of which are loose on either side, and the latter are now twisted upon themselves. This torsion acts at first only on the wires, the latter forming a loop

which becomes gradually diminished in size, and contains the veins. This first twisting movement tends to reduce the veins to a mere cord, and the wires to a metallic string offering a certain amount of resistance. This metallic string, in turning upon its own axis, must evidently carry with it the parts contained within the two wires of which it is composed, and the veins are thus rolled upon this double metallic cord as the rope turns on the winch.

The *vas deferens* is not included in these displacements; it remains untouched behind the wires, and the testicles is carried upwards towards the abdomen where the veins have a fixed point; and the more turns are made the higher the testicle is drawn. A small roller is then placed on the skin which separates the apertures of entrance and exit of the wires; the latter are twisted upon the roller, and a probe being passed under it, the parts are still more compressed by means of this kind of packing-stick. The author states that this operative proceeding is divided into three parts; 1, rolling of the veins on the wires; 2, compression of those vessels which are both between and before the threads; 3, section of the veins at various points of their length; in fact, in as many points as turns have been made. —*Lancet*, June, 1851, p. 622.

ON HYDROCELE.

BY BRANSEY B. COOPER, ESQ., F. R. S., &c.

The operations which have been introduced into surgery for the purpose of effecting a radical cure of hydrocele are numerous and varied, and all, in turn have met with support from some, and opposition from others. Since I have employed injections with the *tinctura iodinii composita*, I have never had occasion to resort to other means, nor have I ever observed any ill effects accrue from its use. I have now used it in about thirty cases, and in all, without exception, successfully—in cases, too, where other remedies had proved ineffectual. Port wine, sulphate of zinc, and many other agents, have been advocated as injections, but none act so safely and efficiently as the compound tincture of iodine, and none are attended with less pain and inconvenience to the patient. It is on this account that I now always employ it in preference to anything else, and strongly recommend you to do the same; if you wish to insure success in the radical treatment of hydrocele. The plan I always follow,

is to puncture with a trocar and canula, to withdraw the fluid and inject into the tunica vaginalis 3 ij. of a mixture of one part of tr. iod. co. to three of water, which is allowed to remain. The simple tincture or alcoholic solution of iodine, is not fit for injection, as the addition of water causes the immediate deposition of the greater portion of the iodine in a pulverulent form. This is obviated in the compound tincture by the iodide of potassium it also contains preventing such an occurrence. The operation is usually followed by a more or less severe smarting pain, which rarely lasts more than a few hours. An inflammatory action is thus set up in the membrane, and is succeeded with a considerable effusion, causing a re-appearance of the hydrocele, which, however, in the course of three or four weeks, or often much earlier, entirely subsides. If the inflammation be excessive, the patient should be made to keep his bed, and such antiphlogistic means be resorted to as will moderate and subdue it; if, on the other hand, it be thought insufficient to destroy the secreting surface of the membrane—the object intended by the operation—he should be made to get up, and walk about, which will soon produce the desired effect.

There are certain unfavorable circumstances which may arise in the performance of the operation which you should be made aware of, and which you should take special care to avoid; such are puncturing the testicle, injecting the cellular tissue of the scrotum, or injecting the peritoneum. Puncturing the testicle, I believe always to arise from carelessness and negligence, in not ascertaining its exact position. It should be remembered that in a hydrocele which has been once tapped the testicle will be found adherent to the cicatrix; such a position, therefore, must consequently be avoided in re-tapping. Injecting the cellular tissue: I have known an instance of this occur where wine was the agent employed; it was followed by extensive sloughing of the scrotum, and ultimately led to a fatal termination. The possibility of the occurrence of such an accident is much less likely from the use of compound tincture of iodine than anything else, as so small a quantity is requisite for the purpose. Simple, therefore, as you may have considered this operation, if due care and precaution be not exercised on the part of the operator, it may lead to the most serious, and even, as we have seen, to fatal consequences.

In a case of double hydrocele—hydrocele of the tunica vaginalis of each side, a question might be raised of the propriety of tapping and injecting both, either at the same time, or the one shortly after the other. From an instance which occurred to me a short time since, I should now decidedly only inject one, with the impression that this single operation might lead to the cure of both. The case to which I refer was admitted into our clinical ward a few months ago, and may probably be remembered

by many present. He was in Luke ward, and had hydrocele on both sides, but one was considerably larger than the other; the largest I tapped and injected, and in about a fortnight or three weeks afterwards he was sufficiently well to leave the hospital. I have since heard of him, and both hydroceles have entirely disappeared.

The other operations, as incisions, excisions, caustic, seton, and tent, employed for the radical cure of hydrocele, I have already told you I do not now resort to myself, and do not recommend you to do so.—*Medical Times*, July, 5, 1851, p. 6.

KOUSSO, FOR THE CURE OF TAPE-WORM.

BY E. A. POND.

DEAR SIR,—Having had an opportunity of employing koussou in a case of tape-worm, I forward you the particulars of the case. The patient, S—— P——, æt. 7½, has resided in Texas the past three years, has always enjoyed comparatively good health, and nothing occurred to excite suspicion of his having *tape-worm*, until about three months since, when on a steamboat, travelling from New Orleans to St. Louis, small portions, one or two links at a time, began to come away, and this continued until his arrival in Albany. There he was placed under medical attendance, and infusion of pomegranate prescribed, which was continued several weeks without producing the desired effect, though small portions of the *tænia* continued to be discharged for some time. Various domestic remedies were now resorted to, but without avail.

Jan. 11th, the patient came under my observation. Light complexion, sandy hair; pale, but not emaciated; craving appetite, never satisfied with eating; pain and uneasy sensations in the epigastric region, allayed by eating; pupil of the eye much dilated; tongue very round and pointed, tip red, sides near the tip strawberry like, and back part of it close brown fur; pulse natural during the day; feverish and restless at night, with frequent night terrors. Never has complained of itching of the nose, nor other symptoms of the kind. Prescribed squash seeds, as recommended in the Journal. Three hours after, a dose of oil removed a larger portion of the worm than had ever been passed before.

12th.—Continued the squash seeds, but without any further effect.

13th.—Continued the infusion of pomegranate until 17th, 8½ A. M., then administered 145 grains of koussou, two-thirds of the

dose for an adult, the patient preceding and following it with lemon juice and water, a little every ten minutes. Occasioned nausea immediately, and with considerable effort it was retained in the stomach forty minutes, when the greater portion of it was thrown up. In an hour and a half had a slight movement of the bowels. 11½, another slightly-brownish discharge, apparently the kousso. Prescribed a full dose of ol. ricini, with spirits terebinthina. 1½, P. M.—No effect from the oil. As he had taken no food, allowed him a cup of tea with toast. 6½, P. M.—No movement from the medicine. Has a good appetite; pupil of the eye smaller; pulse regular, natural. Says he "feels perfectly well every way." 7, repeated the dose of oil. 10, P. M.—A very brisk operation from the medicine, which brought away about twelve yards of the *tænia solium*, which appeared to be the entire remaining portion, tapering down nearly to a point, and other small fragments detached.

18th, 8½, A. M.—So large a portion of yesterday's dose having been thrown up, deemed it necessary, for the security of the patient, to repeat the kousso. Accordingly, formed the remaining 95 grains into a thin paste, with cold water, adding a small quantity of hot water, and allowing it to infuse ten minutes, administered it in divided doses, the patient taking lemon juice and water, as before, every ten minutes. The only perceptible effect was slight nausea; pulse quite natural, and the little patient actively stirring about the room. Pupil of the eye decidedly more contracted. 12, M.—No action from the bowels. Prescribed oil as yesterday, a full dose. 4, P. M.—He drank a cup of tea with toast. 6½, P. M.—Slight movement from the bowels. Repeated the dose of oil. 9, P. M.—A brisk operation from the last dose of oil expelled another tape-worm, which proved to be the *tænia lata*. The *tænia solium* must have been originally at least twenty-five yards long, links about one inch; the *tænia lata* about one and a half yards. The head was entirely separate from the rest of the worm.—*Boston Medical and Surgical Journal*.

Rutland, Vt. Jan. 22, 1852.

P. S.—Both specimens can be seen at the drug store of Pond & Morse.

THE ETHER CONTROVERSY.—This matter is again before the House of Representatives at Washington, who, through one of their committees, are now considering the pretensions of various claimants. Dr. W. T. G. Morton, of Boston, has petitioned Congress to appropriate to him a sum of money for making the discovery. Dr. C. T. Jackson has remonstrated against the recognition of Morton's claim by Congress, asserting himself to be the discoverer.

THE INTENSE COLD OF JANUARY.

The month just closed was one of the coldest ever experienced in Kentucky. In our next number, we shall be able to present to our readers a complete meteorological table of the month, prepared by Lawrence Young, Esq., of this neighborhood, to whom we were indebted for the table in our last number, and in the mean time we submit a few memoranda of the coldest days.

Monday, the 19th, the mercury, in our Fahrenheit thermometers, stood at 12° below zero early in the morning, and only rose to within 1° of zero during the day—the mean temperature of the day having been 7° below zero; but this was not the *minimum* temperature of the morning, for clouds had risen before we made our observation and affected the thermometer. At midnight Prof. Drake had seen it 15° below zero, and some thermometers in the neighborhood indicated a still lower degree. In the neighborhood of Frankfort it was reported to have fallen 20° below zero; and from the following extracts of letters from our correspondents it will be seen that in other parts of the state the cold was still more intense. From Maysville we have the following account:

“On Monday, the mercury stood at 5 A. M., at 6 deg. below zero, at sunrise at 8 deg., at 10 A. M. at 5 deg., at 2 P. M. at 2 deg., at 8 P. M. at 10 deg., and at 12 P. M., midnight, at 26 deg. below zero. On Tuesday, at 6 A. M. at 20 deg. below, and at daylight at 16 deg. below zero. On Monday, the range was from 2 deg. to 8 deg. below all day, in *daylight*. The foregoing agrees substantially with several other accounts kept here.”

Flemingsburg: “Mercury 22 deg. below zero this morning at 6 o'clock, and at John Moore's in the country, a mile from town, 30 deg. below zero.”

Dr. Fritz, of Carlisle, writes as follows:

“The weather has been so cold here that I cannot refrain giving you the range of the thermometer for a day or two. January 19, at 6 o'clock, A. M., 6 deg. below zero, and until 6 P. M., the mercury did not rise to zero, remaining all day from 2 to 4 deg. below—the coldest day we ever saw. At 9 P. M. it was 12 deg. below; at 10 it was 14 deg. and at 2 o'clock on the morning of the 20th, the mercury stood at 20 degrees below zero! the the coldest we think, in the memory of man. I think it quite likely but few persons saw the mercury so low. I was called up at that hour, or I should not have seen it. At 6 o'clock it had moderated very much, being only 10 deg. below!”

But the most intense cold seems to have been felt at Helena, as shown by the following account:

“As the cold of Monday and Tuesday, January 19 and 20, has no parallel, at least for many years in our part of the country, I

send you the following table of observations as indicated by my thermometer:"

"Monday, daylight, 6 deg. below zero; sunrise, 8 deg. below zero; 2 P. M., 2 deg. below zero; 8 P. M., 15 deg., and at midnight, 30 deg. below zero.

"Tuesday, 2 P. M., 30 deg. below zero; 7 A. M., 16 deg.; 9 A. M., 4 deg., and M. at 0."

If the accuracy of the instruments used can be relied upon, so intense a degree of cold was probably never before felt in this latitude. The lowest point at which we have ever seen the mercury was 20 deg. below zero, which was on Sunday morning, the 9th of February, 1835.

It may be interesting to some of our readers to compare the late frost with preceding seasons of great severity. We find, in our diary for 1835, the following memoranda of the weather, at Lexington:

"Saturday, February 7th.—At sun-rise, thermometer stands 13 deg. below zero, and the wind is blowing briskly; 8 o'clock, 15 deg. below zero; 9 o'clock, 16 deg. below zero; a strong wind still blows; the air is filled with floating ice, giving the atmosphere a hazy lurid appearance. It is a dismal morning. People were frost-bitten coming to market. 10 o'clock, the thermometer has risen only 1 deg., and at 3 o'clock is still 8 deg. below zero, which was the *maximum* for the day. At 5 o'clock it had fallen 1 deg., and at 10 P. M., was 14 deg. below zero. The north wind still sweeps along. Such a day was never before seen in Lexington.

"Sunday, February 8th.—At 7 o'clock this morning the thermometer is 20½ deg. below zero—nearer 21 than 20 deg. It is perfectly clear; the sun rose bright and red; the wind still blows, but more gently. At 8, 16 deg. below zero; at 9, 15 deg.; at 11, 3 deg.; between 3 and 4 o'clock, it rose to within 1 deg. of zero; but at 6, it was again 5 deg. below."

The mean temperature of twelve hours on Saturday was 11.2 deg. below zero; the mean of the day following was 8 deg. below zero; and the mean of twenty-four hours, from Saturday to Sunday morning, was 13.2 deg. below zero, which, we think, exceeds a little, the cold ever yet experienced by "the oldest inhabitants" of Kentucky.

During the late frost, wagons and heavily loaded drays crossed the Ohio river on the ice between Louisville and Jeffersonville, and people were still walking over as late as the 29th.—*Western Journal of Medicine & Surgery, February, 1852.*

We find the above to correspond very well with the intense cold weather in our city. The ice was sufficiently strong to admit the passage of four horse waggons loaded over its surface with safety from this city to Covington and Newport, a circumstance which has not occurred before for many years.

The severe cold weather has been very hard upon the systems of those persons who were already laboring under pulmonary affections, as well as the production of such among many of our citizens who heretofore have not had a tendency to such diseases.
N.

MEDICAL LECTURES.

The present *course* of lectures in the various schools approaches the close. The last turn is made, the *judge's* stand is in view, and now comes the dash for the poles. Judges, competitors, and onlookers feel a new fire kindling in the heart, and burning in the veins—

“All feel their pulses maddening play”
as the struggle increases. Oh! how beautifully the competitors lay themselves out to the work. This is a race to be talked of through subsequent life—a date of reference to determine that of others years before and after. A battle, of which the minutest events are to be detailed to children, and to children's children. To be fought over at the winter's evening fire-side, time and again. Four *months* and *repeat*. We need bottom here, as well as heels, for the race is not always to the swift. And now they are on the last stretch. How animated the struggle—how wonderful the conflict between speed and bottom. See that well set, heavy boned, unpretending competitor, *now* far ahead of competition? How he *lumbers* as he throws the dust in the faces of all behind. He just saved his distance last course, and was thought to be spavined, by the knowing ones. There is work in him—he has bottom. Did you see that flash of his eye as he passed? It was the flash of gratified ambition—the flash of TRIUMPH. Hear the shouts of the multitude! He is *through*!—That same multitude *laughed* when he entered the list, and wondered at the folly of his keepers. He had neither fine linen nor purple, but he had the soul of a freeman, and the ambition of a MAN, and the example of a long list of illustrious countrymen.—He has won the race, and established a claim to the gratitude of mankind, for he has practically illustrated the beneficent workings of free institutions, and the falsehood of the oft-repeated couplet—

“Honor and “*worth*” from no condition rise;
Act well *your part*—there all the honor lies.”

Which means, if you are born among coal-heavers, make yourself an expert coal-heaver—*there* all the honor lies. But in a

community of freemen, no man assigns a part to another to act, either bad or good. Each man selects a part for himself, and then comes the tug of war—the trial strain, and the PEOPLE will decide. “THE PEOPLE WILL SPEAK.” Glorious country this, where all have a CHANCE, and where merit is sure of its reward. Some must be distanced. It may be the fault of themselves. They may have misinterpreted, and therefore misapplied “the time for all things” of St. Paul, and *dunced* when they should have WORKED. Or, perchance, the Fates held in reservation for them a more glorious destiny than pertains to physic, and baulked them here for their ultimate good. If this latter unction soothe not the wound, why then “pick your flints and try it again”—and from our heart we join the honest Hibernian in “wishing you better luck next time.” Rely upon it, that *work* is the secret key to the mysteries of knowledge. Lectures, apparatus, models, plates, and paintings *assist*, but *work* “gives the increase.” We might dilate upon this text till “the crack of doom,” but we would not weary even in well doing.—*Nash. Jour. Med. & Surg.*

DR. DREW'S REPORT OF A CASE OF TRIPLETS.—The following account, from Dr. Drew, of the case of triplets alluded to in last week's Journal, came too late for insertion in its proper place:—*Boston Medical and Surgical Journal.*

“I was called last Sunday P. M., 25th inst., at half past 1, to Mrs. Patrick Costelo, of Winchester. She gave birth to a boy at 20 minutes before 4 o'clock. Presentation natural. Labor pains continued, and at 20 minutes past 5 o'clock, she gave birth to another boy. Breach presentation. About two minutes after, another boy was born. Presentation natural. The placenta came away in a short time, and the womb contracted well. The placenta was about the common width, where there is only one child. The length was three times as long as it was wide. The funis attached to the first child was once around its neck; it was three feet long, and attached to one end of the placenta. That of the second was small, 2½ feet long, and attached to the other end of the placenta. The cord of the third child was two feet long, and attached to the middle of the placenta.

Weight of first child, 7 lbs.; weight of second, 4 lbs. 10 oz.; weight of third, 6½ lbs. They are all alive, and to-day, together with their mother, are doing well. S. WATSON DREW.

Woburn, Mass., Jun. 30, 1852.

PART III.---EDITORIAL.

OUR FREE SCHOOL MOVEMENT.—This number contains the Lecture of Prof. Buchanan upon this subject, and so far as we are able to judge from the manner in which the plan has been received by the friends of the cause and the press generally, from north to south, it will be crowned with the most signal result. We hope the friends of Eclecticism will make a powerful effort to sustain the Faculty in the great undertaking in which they have embarked. It is desirable to have as large a class for the spring session as possible, which commences on the first Monday of March. N.

EDITORIAL CORRESPONDENCE.—Dr. J. A. Williams, of Berlin, Ia., gives the following case which may be relied upon :

Allopathy in Indiana.—A lamentable instance of mal-practice occurred in my neighborhood during the prevalence of epidemic dysentery last summer, which illustrates the allopathic practice so well, that I cannot forbear giving you the facts as my informant gave them to me. A boy aged about 7 years was taken with the prevailing disease and as it would have been heresy not to follow the established authority, Calomel was given ad libitum ; and as an almost necessary consequence, the patient was severely salivated, and was then pronounced convalescent by this scion of allopathy, who at that time ceased his attendance. About a week after, a swelling made its appearance at the back part of the palate which degenerated into a large flabby tumor of a dark purple appearance. Sangrado was again summoned and pronounced it Cancrum Oris, engrafted upon a scrofulous constitution and in order to relieve the patient he dissected out the diseased parts as he thought, and commenced the use of calomel and opium in alterative doses, in order to eradicate the scrofulous taint. The parts never healed, but commenced sloughing, which continued until the little patient was relieved of his sufferings by death, which in his case, I should consider a welcome messenger. This little patient was remarkable for his healthy appearance before his sickness, and one that I should not have suspected of possessing a scrofulous constitution.

This case is but one out of a number of others that have come under my observation since I located in this place. One for instance of inverted uterus, another of dropsey, and visceral affections without number. I have had several cases of the last mentioned character which could be clearly traced to a former salivation.

A person need but practice a short time in a country exclusively devoted to allopathy as this is, to see its fallacies ; but a light is beginning to break forth which presages a great and glorious future. Shall we, while we are constantly observing such cases as are above detailed, content ourselves with what we have already gained ? no, rather let us abandon the field altogether, or press forward to greater victories."

Dr. F. G. Duvall, of Allison, Logan county, Kentucky, writes :

"I am pleased with the Journal, and though an old school doctor, I am heartily in favor of medical reform, and most cordially wish you and the cause you advocate success. I am trying some of your new remedies and intend to try them fairly. I am exceedingly anxious to get your Dispensatory just published."

Dr. Daniel Deemer, of Columbiana, Ohio, writes :

"I am doing a handsome business here notwithstanding I have strong competition in the line of allopathy, but I am crowding on them on all sides. I have been here but two years, yet am doing more practice than both my competitors, one of whom is a graduate of the Jefferson College in Philadelphia, and has been here more than fifteen years."

Dr. J. M. Caldwell, of Canfield, Ohio, writes :

"I have been in practice twenty-two years, but was never satisfied with the old practice ; I have been in the reformed practice ever since in commenced, and am all alone in this place, stemming the tide of opposition which is very great. I have not lost a patient for two years ; and many whom the old school could not do any thing with I undertook their cure, and under our treatment they were restored to health."

Dr. D. J. Gish, of Hopkinsville, Ky., writes :

"I am very much gratified to learn that you have made *Eclecticism accessible to all*. For this unprecedented liberality of its professors, your school will be rewarded I have no doubt, with more students than any similar institution in the new or old world. Good-speed to all laudable efforts in disseminating the only true

principles of medical knowledge to the inhabitants of our free and happy country; so, I have no doubt that the *Eclectic* principles you teach will continue to spread. What are they? They are to seize upon truth! It is to secure from every source those remedial agents that are *harmless* and *efficient* in removing disease from the system. Where is the physician that has ever exercised himself in his profession, but what has on many occasions felt the want of a more perfect knowledge of the *Materia Medica*, and deeply sighed for that skill which was necessary to secure a dying friend from an untimely death?"

Dr. Alexander R. Wyeth, of Claysville, Pennsylvania, under date of Jan. 29, writes:

"SCUTELLARIA LATERIFLORA IN NERVOUS AFFECTIONS.—I was called to see the subject of the following report in August last, after she had been given up as a hopeless case of epilepsy, by the physician who had previously attended her.

"The child, Maria Richey, aged six years, of strong sanguine and nervous temperament, was attacked two years since, in May last, with partial paralysis of the lower extremities, under the following circumstances: The child had followed her mother out to the yard, whither she had gone to milk, and was standing behind the mother while she was in the act of milking; when the cow became frightened, or started in such a manner as to cause the mother to fall full length over the child, which she took up, and moved into the house, when it complained that it could not walk (and when it would attempt to walk would sink down); it was put to bed, and as it did not complain of any pain, there was nothing done for it at this time; next morning it rose without complaint; but from this time on, it has been subject to this frequent breaking down, or incapacity to walk, for about one year, when it was attacked with a most violent spasm or fit, which lasted some hour and a half: since when it has been subject to frequent spasmodic affection of the muscular system, attended with paralysis of the left side.

"Previous to my seeing the child, in August last, it had been given some vermifuge by the attending physician, saying, if that did no good, nothing could be done for it.

"When I first saw the child, I found its bowels tolerably regular; its alvine and urinary evacuations measurably healthful; though its skin was dry and inactive. At this time it would be

attacked as often as every half hour, with the most severe spasm of the whole muscular system, lasting from three to eight minutes, and leaving the left side totally paralyzed. Viewing the case as partaking largely of the nature of corea, I directed the use of strong infusion of *Scutellaria Lateriflora*, (or *Scul-cap*.) in conjunction with the frequent use of the alkaline bath—the electro-magnetic machine. In addition to which treatment, frequent efforts were made to bring her under the influence of animal magnetism, but without success. In two months, under the above treatment, the child appeared to have recovered, and was sent to school, and continued well until about four weeks since; when, on the reappearance of slight symptoms of nervous irritation, I put her again on the use of the concentrated tincture of *Scul-cap*, ʒii tinct. *Ictodes fetida* ʒss; mix., dose 8 drops three times a day in strong infusion of *Scul-cap*, observing to keep the bowels in a solvent condition, when all unpleasant symptoms disappeared in a few days; the child has now a good appetite, is cheerful and active, apparently as well as any child."

Dr. A. C. TUCKER, of Westfield, O., writes that he has been located in the above place for three years, during which time there has been seven *Old School* doctors located in Westfield, and, after remaining a short time, have left the place. His business is still increasing; and, as the community become more acquainted with Eclecticism, his medical services are more required.

Dr. A. ECKERT, of Trenton, Butler co., Ohio, writes: "Eclecticism is the popular practice in my neighborhood."

JOHN N. McCORD, M.D., of Carlineville, Ill., writes: "I removed here from Bond county last fall, and think my prospect is fair. It is the county seat, and numbers 500 inhabitants. The people are decidedly opposed to the old practice."

Dr. J. J. JONES, of Fitz-Henry, Ark., writes: "If you know of any young gentlemen at a loss for a location, direct them to Little Rock, Arkansas. There is a very good place to learn where the best of locations are. I am the only Eclectic in all this part of the medical vineyard. I commenced practice here last July; by the middle of August, I could not attend near all the calls. The people will be much easier reformed here than they are in the older states; they are independent people; they speak and act for themselves."

CANCER.—This terrible disease is said to have greatly increased in England during a few years, inso-much that a Cancer Hospital has just been established in London, and is already effecting an immense deal of good. In 1850, before this Hospital was established, no less than four thousand five hundred and eighty-six persons died in England, of this frightful malady. Of these three thousand two hundred and twenty-eight were males.

This disease is gradually on the increase throughout the civilized world—the reasons for which is not fully understood.

We have been giving much attention to this disease for several years—the result of our observation as well as the success of the treatment persued will soon be laid before the profession in a systematic work upon the subject. N.

FAMILY FLORA.—Among the various medical periodicals there is none of greater interest than the "Family Flora and Materia Medica Botanica," emanating from the pen of Peter P. Good, AM. of Elizabethtown, N. J.

I have perused this work with much satisfaction. It is confined (as its name imports,) to the subject of Medical Botany, and is designed for the use of both the professional and non-professional reader. In neatness, style and arrangement, a more elegant and attractive Botanical periodical is not to be found in the United States. The engravings are of a superior character, and lend an unusual degree of attraction and interest to its perusal.

So far as the medical properties and therapeutic uses of the agents which it embraces are concerned, they are also of a reliable character.

The "Family Flora" is well adapted to the use of the Medical student and the physician, who are desirous of acquiring a critical knowledge of Medical Botany. It is likewise a highly instructive publication for the use of families, and none should be without it.

I trust the gentlemanly author will meet with that encouragement which his zeal, industry and indefatigable energies justly merit at the hands of a liberal profession, as well as an enlightened public. L. E. JONES, M.D.

OUR BOOK TABLE.—We have received the *Eclectic Journal of Medicine*, designed for popular and professional reading. Edited and Published by Prof. L. Ruben & L. C. Dolly, of the Central Medical College of Rochester, N. Y. This is one of our most able advocates of Eclecticism. This number (Feb.) contains the

announcement for their spring session, which commences on the first Monday in March, and lasts sixteen weeks. Aggregate cost of Prof. tickets, \$60; Demonstrator's, \$5; Matriculation, \$5; Graduation, \$15. N.

THE WESTERN MEDICAL NEWS.—The above work is published quarterly, and edited by R. S. & O. E. NEWTON; 32 pages, with a cover, at 25 cts. per year. It has been published for five years; and, hereafter its name will be changed, and called "*Western Medical News and Cancer Journal*."

As it is intended to give this subject exclusive attention, each number will be illustrated by drawings of cases which have been treated—with reports of cases, statistics, &c.; and everything connected with this disease.

It will be so arranged as to be useful to the non-medical readers, as well as to the profession. N.

PHYSOPATHIC MEDICAL AND SURGICAL JOURNAL. Edited by E. H. STOCKWELL, M.D., is received, and, as ever, filled with valuable matter. This Journal is the principal organ of this portion of the profession; it is ably conducted, and has a fine circulation. N.

THE WATER-CURE & PHRENOLOGICAL JOURNALS; *Fowler & Wells*, N. Y., are received. These journals give evidence of healthful prosperity. We think the Water-Cure Journal is assuming rather too exclusive a position. Water is good in its place, when properly used; but, at the same time, we are of the opinion that a *little* medicine is necessary in the curing of disease, and should be used together. N.

AMERICAN MEDICAL AND SURGICAL JOURNAL. Edited by S. H. POTTER, M.D., Syracuse, N. Y. This journal is published monthly; 32 pages for \$1 per year.

We see the Syracuse Medical College announces its Spring session to commence in March, and to continue sixteen weeks.

WORCESTER JOURNAL OF MEDICINE. Edited by CALVIN NEWTON, M.D., Worcester, Mass.; published monthly, at \$1 per year. pp. 32. We see the Feb. number contains the announcement for their regular session, which commences the second Thursday in March. N.

FARMEE' AND MECHANICS HEALTH JOURNAL—devoted to the dissemination of medical and physiological intelligence, the preservation of health, and general miscellany. This is a neat quarto of light paper; published monthly, and edited by J. M. CUMING, D., at Worcester, Mass. Price 25 cts. per annum.

IMPORTANT SUGGESTIONS TO MEDICAL STUDENTS.

Experience has proved that Collegiate instruction by lectures and demonstrations, is by far the most efficient mode of imparting knowledge that can be devised. A course of four months lectures, of the proper character, is fully equal in its effects to twelve months of private study, without collegiate advantages. Medical colleges are therefore highly important as a means of economising time and labor, and qualifying the pupil at an early period to assume the responsibilities of his profession. They are also beneficial by enabling the student in a limited time, to attain a high grade of proficiency familiarity with every department of medical study. Hence, it is the interest of every student to spend as much of his time as possible, not in desultory reading or private study, but within the walls of a medical school, where practical, thorough and impressive instruction is given by the Faculty.

The Eclectic Medical Institute affords peculiar advantages for rapid progress and thorough scholarship. The Faculty have given seven lectures daily, of a practical and perspicuous character, carefully impressing the whole on the memory by reviews and examinations, and have held two sessions annually; thus enabling the student to attend two sessions in the year, giving eight months of collegiate study. We could refer to the examples of students who have entered the Institute without any previous study of medicine, and who in consequence of these peculiar facilities, became in their second year of study, as thoroughly acquainted with all the details of medical science, as the majority of the graduates of our best schools. We would urgently recommend every one who designs studying medicine not to lose time in preparatory reading or study, but to resort at once to the Institute, and we would especially recommend those who have attended during the past winter at other schools, to consult their own interest by enjoying the benefit of the session which commences on the first of March. The usual charges of medical schools being abolished in the Institute, there is no longer any excuse for neglecting collegiate facilities, or falling short of the highest standard of Medical attainment.

The course of lectures in the Institute presents the same established facts and principles, constituting the sciences of Chemistry, Anatomy, Physiology, *Materia Medica*, Obstetrics, Surgery, Pathology and Therapeutics, which are taught in all respectable medical schools, and in addition, offers many important facts, and doctrines in Physiology and Therapeutics which cannot be learned in other schools as they are peculiar and original.

The title of the Institute "ECLECTIC," was adopted as an indication, not of therapeutic theory, but of the liberal policy of the school, in recognizing the merits of various medical doctrines and parties, extending professional recognition and courtesy to all educated physicians, of whatever school or doctrine, and gathering or selecting, valuable information from sources of knowledge which are too frequently neglected. The therapeutic and physiological doctrines of the school can be obtained only from the lectures, or from the text books, which will shortly be issued by the Faculty. The Eclectic Dispensatory of Profs. KING & NEWTON, and HILL's Eclectic Surgery, are the only works to which the student can be referred, at present, in addition to the Eclectic Medical Journal.

ECLECTIC MEDICAL INSTITUTE OF CINCINNATI.*Chartered 1845—Total No. of Matriculants from 1845 to 1851—1054.***ORGANIZATION OF THE FACULTY.****I. GIBSON JONES, M.D.,***Prof. of Theory and Practice of Medicine and Pathology.***ROBERT S. NEWTON, M.D.,***Prof. of Surgical Practice and Operative Surgery.***JNO. KING, M.D.,***Prof. of Obstetrics and Diseases of Women and Children.***JOS. R. BUCHANAN, M.D.,***Prof. of Physiology and Institutes of Medicine.***LORENZO E. JONES, M.D.,***Prof. of Materia Medica, Therapeutics and Medical Botany.***ZOHETH FREEMAN, M.D.,***Prof. of Special, Surgical and Pathological Anatomy.***J. MILTON SANDERS, A.M.,***Prof. of Chemistry, Pharmacy and Toxicology.***ORIN E. NEWTON, M.D.***Demonstrator of Anatomy and Surgical prosector.*

The Trustees and Faculty of the Eclectic Medical Institute of Cincinnati, having determined to carry into effect as far as possible the principles of **FREE PROFESSIONAL EDUCATION**, have determined that henceforth the regular courses of lectures in the Institute shall be delivered entirely free from the usual charges for professor's tickets, which have been formally abolished. The expenses of the Institute will be maintained solely by the incidental fees, which have been fixed at the following uniform rates, for all students—viz: Matriculation, \$10; Dissection, \$5; Graduation, \$20.

SPRING SESSION OF 1852.

THE FIRST SESSION of the Institute under the new arrangement, will be held in the college edifice, (corner of Court and Plum streets,) commencing on the first Monday of March, 1852, and continuing sixteen weeks. The subject of anatomy will receive unusual attention during the earlier portion of the course, so as to be fully presented before the weather becomes too warm. Students are requested to be prompt in their attendance at the opening of the session. The terms of graduation are similar to those of other reputable schools—attendance upon two full courses being required, and a term of study amounting in the aggregate to three years. A course of lectures in any respectable medical school will be recognised in the Institute, and graduates of reputable medical schools will be admitted on the same terms as graduates of the Institute.

The winter session of the Institute commences on the first Monday of November, and continues four months. A gratuitous preliminary course is delivered during the month of October. Boarding expenses are less in Cincinnati than in any other large city.

Students on arriving in the city are requested to call at the office of **PROF. R. S. NEWTON**, on Seventh street, between Vine and Race. For further information, address Dr. R. S. Newton, or

JOS. R. BUCHANAN, M.D.,
Dean of the Faculty.

CINCINNATI, FEBRUARY 2, 1852.

THE ECLECTIC MEDICAL JOURNAL.

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No. 4.

PART I,---ORIGINAL COMMUNICATIONS.

SORE MOUTH—PECULIAR TO NURSING WOMEN.

BY JOHN KING, M.D., PROF. OF OBSTETRICS AND DISEASES OF WOMEN
AND CHILDREN, IN E. M. INSTITUTE.

Women who suckle, or who have advanced to the latter months of pregnancy, are sometimes affected with a sore mouth peculiar to themselves, somewhat resembling follicular stomatitis, or follicular inflammation of the mouth; other females and men being exempt from it. The most robust constitution, or the sickly and delicate are indiscriminately attacked by it; those, however, of costive habits, dyspeptic symptoms, and hepatic affections, seem to be more liable to its attacks than others. And when there is a tendency to phthisis, or some constitutional disease, the debility produced by it is of a much more serious nature, than in vigorous and sound systems. If the disease is allowed to go on for any length of time without being relieved, the morbid irritation of the tongue and fauces extends to the stomach and bowels, in which cases it is very apt to prove fatal.

The children of females laboring under this affection, are uniformly healthy and robust, as they are usually well supplied with food from the mother,—the secretion of milk being commonly very large, until the last stages, when, the patient being reduced by starvation, the milk fails. The means usually employed for common sore mouth, or follicular inflammation, will not effect any benefit in this disease, and, in the majority of instances, an energetic treatment must be pursued, or the patient will die.—Death has taken place within a month from the appearance of the disease, and patients have lingered for three or four months before the fatal termination. This is a singular complaint, nearly always disappearing upon weaning the child; yet weaning is not always necessary, nor is it at all desirable, as there is a

greater disposition to a return of the disease at every future accouchment, than in those cases where proper treatment has effected a cure, and restored the constitution to its usual normal condition. It must be recollected, that in patients who have been cured of this disease, there will exist a strong tendency to its return, from slight causes, at least, until the child is weaned;—as from exposures to cold, fatigue, indigestible diet, &c., and which, in consequence, must be carefully guarded against.

SYMPTOMS.—The accession of the disease is often very rapid from apparent health—extremely so; within three hours after seeing the patient in health, perhaps actively engaged in household matters, and not suffering from any unusual irregularity of the stomach and bowels, she will be found with a scalding of the tongue and fauces, and unable to converse or take food. The first sensation is uniformly described by the patient, as a *severe scalding* of the tongue, with pain, at times intense. There is also a peculiarity of the tongue, its color being *pink*; and its edges, and the roof of the mouth have a deeper hue of this color, often accompanied with a most profuse watery discharge from the mouth, extremely hot, so much so as to give a scalding sensation to the face when passing over it. The appetite is usually very good, often ravenous, but no food or drink, except the blandest, can be taken into the mouth without producing the most intense pain; the food must be of a mucilaginous or farinaceous character. After a continuance of this state of the mouth for a few weeks, slight ulcerations on the end or edges of the tongue manifest themselves, as also about the different parts of the fauces. Sometimes the disease gradually commences with slight ulcerations on the tongue, and this general scalding of the tongue and fauces follows. The bowels are usually constipated, or soon become so; no fever, but at times excessive irritation of the whole system, in consequence, probably, of the want of rest; as the continued pain of the fauces, and the excessive and constant flow of burning saliva prevent any comfortable rest, night or day; tongue generally free from any coat, sometimes a light white coat.

Occasionally, although the surface of the ulcerations is not deep, yet they continue to increase in depth, and the inflammation extends all over the mouth. When it extends from the mouth and fauces to the bowels, diarrhea ensues, and usually, in such cases, the soreness of the mouth becomes better, but the case is attended with more danger.

Causes.—The disease depends on derangement of the stomach and liver, in connection with an unhealthy state of the blood.—Females subject to erysipelatous affections, or of strumous diathesis, or who have had their constitutions previously injured by the use of medicines, are more especially disposed to it.

TREATMENT.—In the first two cases which I ever attended, hav-

ing never seen a description of the disease in any medical work, I pursued the usual course for sore mouth, and lost them; since which I have met with a number of cases, and have cured them by the following treatment:

If the strength or condition of the patient will admit, an emetic must be administered, and repeated twice every week; it should be continued as long as the urgency of the case, and the disposition to obstinate torpidity of the liver requires. The one I usually administer is the *Compound Powder of Lobelia*. (See U. S. Eclectic Dispensatory, page 546.) About half a drachm should be given in a gill of warm boneset tea, and repeated every fifteen minutes, until it not only vomits, but vomits freely;—the first dose is usually rejected as soon as taken, which, of course, is of no service. As soon as nausea or vomiting commences, the patient should drink freely and largely of the same tea, warm.

After the effects of the emetic have subsided, free catharsis must be produced, for which purpose the *Compound Pills of Aloes*, the *Compound Pills of Leptandrin*, the *Compound Pills of Podophyllin*, or the *Compound Powder of Leptandrin*, (see U. S. Eclectic Disp.) may be given, in sufficient doses; and, if the pills cannot be well swallowed by the patient, they may be given dissolved in water, or triturated with some mucilage. And this action, to a slight extent, must be continued daily.

When diarrhea is present, omit the cathartic, and give the following:

℞. Pulv. Rhei;
do. Prep. Carbo. Ligni aa 3iv;
do. Potas. Bicarbo. 3ij.

Mix in a pint of Indian meal gruel, and give a tablespoonful every hour or two, according to the severity of the diarrhea. Rice, slippery elm, or marsh mallow tea may be drank freely.

In several recent cases, I have met with most excellent results in diarrhea accompanying this as well as some other diseases, by administering the *Tincture of Chloride of Iron*, in doses of ten drops every hour or two, given in about half a gill of water; and one drachm of the following added to four drachms of mucilage of elm, to be used as an injection after each stool: Compound Tincture of Virginia Snake root, one fluid ounce, Tannin, two drachms; Mix. I recommend this treatment especially to the attention of Eclectic practitioners, in all those cases of diarrhea attending typhoid and other forms of febrile and acute affections, as well as that which takes place in some forms of chronic disease.

The mouth must be washed or gargled with some astringent gargle. I have usually made one of

℞. Geranium Maculatum;
Baptisia Tinctoria;
Statice Caroliniana;
Hydrastis Canadensis aa ʒj. Mix.

Boil in six pints of water down to four pints, strain and add half an ounce of borax, and one and a half pints of honey.—The mouth and throat to be frequently gargled, and occasionally a teaspoonful or two to be swallowed.

Alteratives must also be administered, especially if the above treatment does not soon effect material relief; in a week or two, the *Compound Syrup of Sarsaparilla*, *Compound Syrup of Yellow Dock*, or the *Compound Syrup of Queen's root* (see U. S. E. Disp. pp. 567–8,) must be given.

In all cases of this disease, there will be found a deficient action of the cutaneous vessels, and which it is *absolutely* necessary to remedy. If, as is sometimes the case, the disease comes on previous to parturition, or immediately succeeding delivery, in order to promote a proper cutaneous action, the whole body and limbs should be bathed daily with a weak alkaline wash, and, in obstinate cases, especially followed in an hour or two after by bathing again with some stimulating wash or liniment. And as soon after delivery as may be prudent, the *spirit vapor bath* should be administered every two or three days. Attention to the surface is an *exceedingly important* part of the treatment.

In case the kidneys become deranged, with scantiness, high color, or scalding of the urine, an infusion of the root of *althæa officinalis* may be drank freely.

By the above course I have cured many obstinate cases, several in particular, where, from the severity and obstinacy of the symptoms, I anticipated fatal results, unless weaning was resorted to. In the milder forms of the disease, such active treatment may not be necessary, and some of the above means may be dispensed with, according to the judgment of the practitioner.

Recently, I have cured some very severe forms of the disease by attending to the surface as above directed, washing the whole internal surface of the mouth every other day, with a solution of nitrate of silver, 80 grains, water, one ounce;—and, during the interim, using as a wash and gargle, also occasionally swallowing a small portion of the following:

R. Geranium Maculatum;
Baptisia Tinctoria;
Caulophyllum Thalictroides;
Hydrastis Canadensis, aa ʒj. Mix.

Prepare and use similar to the above mentioned gargle. Internally, the *Compound Powder of Leptandrin*, administered in small doses three times a day, and continued for two or three weeks; after which, one teaspoonful of the following mixture to be given in about half a gill of water, and repeated three times daily:

R. Compound Syrup of Queen's Root, octj;
Potassa Hydriod. ʒss. Trit. int. com.

It is always advisable to cure the disease, if possible, without weaning the child, as the female is thereby rendered less liable

to its recurrence at another parturient period. But, if the soreness of the mouth and pain are excessively severe, and appear to be intractable to all treatment, with violent diarrhea, and much constitutional suffering, weaning may become absolutely necessary, in order to save the patient's life. In these cases, and also where a strong disposition exists to a return of the disease at each accouchment, it may be entirely cured, checked, or its severity become much ameliorated by regulating the bowels during pregnancy, with the *Compound Powder of Rhubarb*, and preserving, as much as possible, a normal condition of the system by some alterative syrup or cordial, and which must be perseveringly used during the whole period of gestation.

HYDROCYANIC ACID IN HICCOUGH.

BY JOSHUA COPELAND, M.D.

I was called some time ago to see a gentleman whom I found suffering from a violent attack of acute hepatitis. The patient was a man fifty years of age, of rather a corpulent habit, he was attacked suddenly and violently, and the inflammation was extending to the pleura, causing the most intense pain.

The patient was put under the usual treatment, which did not seem even to palliate his sufferings, and I requested the friends to call in some other physician. An old and reputable practitioner was accordingly called in, and who like myself, thought the patient in much danger. By this time the patient had commenced hiccoughing alarmingly, and we resorted to antispasmodics with the view of controlling it, but they produced no effect.—Another physician was now called in, who recommended Chloroform, which was effectually tried without any good resulting from its use.

After the consulting physicians had left, and finding the patient rapidly failing, I concluded to try Hydrocyanic acid, hoping that this powerful remedy might arrest the hiccough, which threatened immediate dissolution. I give him 1 drop in mucilage, and directed that it should be repeated every six hours. By the time the third drop had been taken, the patient was evidently better, and at the expiration of forty-eight hours the hiccough had entirely subsided. He gradually recovered and is now well.

I afterwards informed the consulting physicians of what I had done and the result; they had never used the prussic acid, and expressed much surprise upon learning its controlling influence. As for myself, I had never before used it, neither have I ever used

a remedy in any case, that seemed to have a more happy effect, than did the hydrocyanic acid in this.

I have given you a condensed account of this case and should your views conflict with mine, I should be glad to have them, especially as regards the manner of its action upon the system.

Columbiana, March, 1852.

PART II,---MISCELLANEOUS SELECTIONS.

ON THE TREATMENT OF ERYSIPELAS BY THE MURIATED TINCTURE OF IRON.

BY G. HAMILTON BELL, ESQ. EDINBURGH.

[Mr. Bell describes a mode of treating this disease which he has employed for upwards of a quarter of a century, without failing in one single instance. In no instance, by its employment, has suppuration taken place, and the patient he states to be generally left in a more robust state of health than he was previously.]—*Braithwaite's Retrospect.*

Mode of administering the remedy.—Of course the first object is to have the bowels freely acted on. If the erysipelas be mild, fifteen drops of the muriated tincture of iron are administered in water every two hours until the disease is completely removed. When the attack threatens to be more severe, the dose of the tincture is increased to twenty-five drops every two hours, and persevered in night and day, however high the fever and delirium. The only local applications I ever find necessary are hair powder and cotton wadding. While I depend for the removal of the disease on chalybeate, it is necessary that the bowels should be attended to throughout the treatment.

Cases.—I. 25th Dec. 1832.—Mrs. Naughton, a poor woman about 60 years of age, of broken constitution, and having what is vulgarly called “shaking palsy”—a state of continuous chorea—had been suffering from erysipelas some days, and I was called to see her late at night. I found her head entirely covered with erysipelas; she was in a state of great exhaustion, and delirious. Ten drops of the muriated tincture of iron were ordered to be taken every two hours. On the 26th she was calm and appeared easier; cont. tinct. 27th—Quite collected, inflammation rapidly disappearing; nourishing diet; continue drops. 30th—Recovering fast; *perge*. 2nd January.—Erysipelas gone, and the poor woman wonderfully well.

II. 20th May, 1835.—I was called to the Waterloo Hotel, at one o'clock P. M., to see R. R., Esq., a stout gentleman, of full habit, about 30 years of age. I found him suffering from excruciating pain in the soles of the feet, which he ascribed to cold he had caught the previous day in coming from Glasgow. The pain was so acute that he could not bear the weight of the bed-clothes, nor his feet to be touched in the gentlest manner. Tongue loaded; pulse irregular, but not accelerated; skin of natural temperature, except on the feet. Eighteen leeches were applied, and he had six grains of calomel, followed in three hours by a dose of the compound powder of jalap.

Vespere.—Pain of feet relieved, but there is excessive prostration of strength. Tongue still loaded; thirst; pulse irregular and unsatisfactory. The medicines had acted freely, and brought away a quantity of dark coloured offensive scybalous matter. Slight erysipelatous blush on the right ankle. The following medicines to be given immediately:—calomel, five grains; henbane, six grains; opium, one grain; James's powder, three grains; in the form of pills.

21st.--- Slept well; pain of feet much diminished; right ankle swelled and red; complains of pain behind the knee; much thirst; skin natural; pulse 120, irregular; the evacuations from the bowels, black, watery, and offensive. A table-spoonful of a mixture containing one part of the spirit of Mindererus and two of camphor mixture, to be given every two hours. Hair powder and cotton wadding to be applied to the feet and ankles. 2 P. M.--- No improvement; spots of erysipelas at the roots of the toes and over the instep, extending to the ankles. In consultation with Dr. Abercrombie, the following medicine was ordered:—Half a drachm of the compound powder of jalap and ten grains of rheubarb. The camphor and sp. Mindereri to be continued. 5 P. M.--- No improvement; pulse 130. 8 P. M.--- Dr. Abercrombie again saw him. Erysipelas rising on the leg; vesicles on the instep; tongue much loaded; stools black and unwholesome; prostration continuous. I explained to Dr. Abercrombie my mode of treating erysipelas, and obtained his assent to the exhibition of the muriated tincture of iron,--- twenty drops were ordered to be given every two hours. A colocynth pill to be taken at bed time. *Midnight*.--- Bowels freely moved; two doses of the tincture of iron had been taken; pulse 100, fuller and more regular; skin hot. The colocynth pills not to be taken until morning. Cont. tinct.

22nd, 8 A. M.--- A sleepless night; suffering much from rheumatism in right arm; less pain in the soles of the feet; erysipelas not extending; pulse 100, full and soft; bowels not open; to have the colocynth pills. *Noon*.--- With Dr. Abercrombie.--- Tongue clearer; skin soft; erysipelas diminishing; rheumatism very severe in right arm. To continue the iron, and to have forty

drops of colchicum wine three times a day. 7 P. M.---With Dr. Abercrombie. The symptoms more satisfactory; perspiring; *perge*. The improvement continued, and on the 25th the erysipelas had entirely disappeared. The rheumatism was more obstinate, but Mr. R. returned home in perfect health on the 6th of June.

I have seldom seen more alarming exhaustion than appeared in this case for the first six-and-thirty hours after the attack.

III. 6th March, 1841.---Mrs. W., æt. about 40, of full habit, complains of having a painful boil above the ear; there is also a patch of erysipelatous inflammation extending over the cheek; the ear much swollen. To have fifteen drops of the muriated tincture of iron every three hours; hair powder to be applied to the inflamed surface.

7th.---Boil better, but erysipelas extending all over the side of the face. To continue the steel drops.

8th.---Erysipelas subsiding. To have an aperient; cont. tinct.

12th.---Patient well.

IV. 7th July, 1843.---Mr. A. W., æt. 16, a stout youth of florid complexion, attacked with fever and headache. Ordered a dose of calomel and antimonial powder, to be followed by a black draught.

8th.---Erysipelas appeared over side of the face, with much fever; bowels free. To have ten drops of the muriated tincture of iron every two hours.

9th.---Less fever; erysipelas arrested; cont. med.

10th.---Disease stationary. The tincture to be increased to twenty drops every two hours.

12th.---Considerable improvement.

15th.---Erysipelas gone.

V. 20th December, 1845.---R. S. W., Esq., æt. 50, a delicate man, having had his constitutional strength injured by an accident in early life. I was called to the country to see him, and found him suffering a severe attack of erysipelas on the right side of the head; ear much swollen; pulse 100 and throbbing; great thirst; tongue furred; slight confusion of head; bowels open by medicine. Fifteen drops of the muriated tincture of iron to be taken every three hours.

11th.---Very ill; erysipelas extending; severe headache; troublesome dry cough. The chalybeate tincture to be continued; to have a cough mixture and effervescing draughts.

12th.---Less confusion of ideas in the morning, but erysipelas extending all over the face, which was much swollen.

Vespere.---Very restless. To have half a drachm of the solution of morphia in an ounce of camphor mixture at bed-time; the tincture continued.

13th.---Erysipelas extending, covering nearly the whole head and face. Had not taken the drops regularly; bowels free; the drops resumed.

14th.—No improvement; the head an inflamed mass, and much swollen; takes nothing but water; cough troublesome; mind wandering. To continue the tincture, and to have an aperient.

Vespere.—A diminution of the inflammation, and swelling of the side of the head first affected.

16th.—No amendment; left side of the head tremendously swollen; very incoherent all day. I remained with my patient during the night, and induced him to take the drops regularly.

17th.—A most satisfactory change; quite coherent; pain and swelling of face diminished, although quite a mass of dried exudation. To have an aperient, and continue the tincture.

18th.—Watched and administered the drops during the night, and to-day there is a wonderful improvement in all his symptoms. To continue the medicine.

21st.—Doing well.

1st January.—Has had no interruption to his convalescence, and feels in better health than before his illness.

There was probably from the state of the patient's mind, much irregularity in the administering the steel drops until I personally watched the case; and, on the 16th, the disease had assumed a very alarming appearance; but immediately upon the medicine being regularly given, so as to bring the system thoroughly under its influence, a most satisfactory change was produced in the symptoms; the fever and delirium and pain subsided, calm sleep was induced, and the inflammation gradually disappeared.

VI. 1st November, 1850.—W. C., Esq., æt. 73, had been suffering from a severe catarrh and cough for some days. Felt yesterday as if his shoe were too tight for the left foot, and on going to bed the ball of great toe became agonizingly painful; no sleep nor ease in any posture. Ball of toe is much swelled and tender to the touch, having all the character of gout, but the inflammation is erysipelatous, extending over the front of the foot. Pulse 60, irregular; bowels open from medicine; tongue clean. Fifteen drops of the muriated tincture of iron to be taken every three hours.

Vespere.—Mr. C. declares that the drops acted like a charm, and at once relieved him from the pain. Redness and swelling continue. To have an aperient, and continue the drops.

2nd.—Scarcely any pain, although the inflammation is extending. A troublesome cough. The dose of the tincture to be increased to twenty-five drops. To have paregoric for the cough.

3rd.—Inflammation spreading towards instep. To have an aperient pill, and morphia lozenges for the cough. Continue the drops.

4th.—Inflammation fading.

5th.—Improving.

6th.—Able to go out of doors.

I have in my journal several cases in which erysipelas was

combined with the gout. Two of these occurred in gouty subjects, and in both the health was restored by the chalybeate, as in the above case of Mr. C. This gentleman had, two years ago, an attack of erysipelas in his thigh, and was cured by the steel drops. He never had gout before, but I understand his father had suffered from it.

With regard to the diet of the patient under erysipelas, unless when there is much fever, I always recommend it to be generous, and of easy digestion. In a case at present convalescent, in which the attack was very similar to Mr. C.'s, only that while the great toe and foot were violently inflamed, the knee of the other leg was also affected, from the habits of the patient; a constitution broken from intemperance; I was obliged to allow, along with the drops, nearly a bottle of port a-day. In this case the podagral erysipelas has disappeared, and my patient is in better health than he has had for several months.

[Dr. CHARLES BELL, brother of Mr. G. H. Bell, adds a few remarks with cases. He says:]

The beneficial effects of this medicine are so immediate and invariably in the common forms of erysipelas, that I feel convinced were it given with boldness and perseverance in puerperal fever, which is now generally admitted to be analogous in its nature, and frequently accompanied by erysipelatous inflammation on the surface of the body, many valuable lives might be preserved.

In pursuing the chalybeate treatment of erysipelas, I consider it of much importance to bring the system rapidly under its influence, in order to effect a speedy removal of the disease. I have therefore been in the habit recently of giving much larger doses of the tincture than I ventured to prescribe at first. It is a remarkable circumstance in the exhibition of this valuable remedy in the erysipelatous diathesis, that although given in much larger and more frequently-repeated doses, than have been recommended in our dispensatories, it never produces headache, and when this symptom is present it quickly relieves it; at the same time, it reduces and regulates the pulse; thus showing that in this state of the system, it has a soothing and sedative, as well as alterative effect.

The cases above related prove so clearly the remarkable influence which this medicine has in overcoming the idiopathic form of erysipelas in the adult, that I consider it almost unnecessary to increase the length of this paper by producing additional evidence on the subject, although I have had many cases illustrating the fact in my own practice. I am more anxious to direct attention to the advantages to be derived from this mode of treatment in *infantile erysipelas*, in which the field for curative measures is so very limited; and also to its effects in that form of the disease consequent on external injury, in which the best treatment has

hitherto been too often unavailing, especially in our hospitals, and after operations. With this view, I shall now briefly relate a few cases illustrative of the treatment in each of these forms of erysipelas.

On the 27th March, 1849, I was requested to see Mrs. Munro's baby, of a few weeks old, which was suffering from a severe attack of erysipelas, extending from the wrist to the elbow. I ordered it to have a dose of castor oil immediately, and two drops of the tincture of the muriate of iron, to be given every two hours in a tea-spoonful of water, with a little sugar. In three days, the erysipelas had entirely disappeared, and the infant seemed lively and in good health.

Mrs. M.'s baby, an extremely emaciated infant, born on the 24th Jan., 1850, was seized a few days after birth with erysipelas, which occupied the vulva and nates, and was accompanied by severe catarrh and cough. There were much fulness and tension of the lower part of the abdomen, the urine was retained, and the bladder could be felt like a small orange immediately above the pubes. Being naturally weak, it soon became so excessively feeble that no hopes were entertained of its life being preserved, and it was deemed advisable to have it christened without delay.

Small doses of calomel and James's powder were given at short intervals, along with a cough mixture composed of ipecacuan wine, carbonate of soda, water, and syrup. Very little benefit seemed to arise from this treatment; I therefore stopped the calomel and antimony, and ordered two drops of the tincture of the muriate of iron to be given every two hours in a little sugar and water. The infant had become so exhausted, that I was obliged for some time to order, in addition to the tincture, a drop of brandy to be given every half hour.

Under this treatment, the erysipelas and dysuria rapidly disappeared, and the infant slowly gained strength, and is now a lively and healthy child.

On the 4th December, 1850, I was called a few miles into the country to see Mr. T.'s son, aged about 4 years. He had always been paralytic in his right leg, in consequence of an accident it was supposed he had met with when an infant. For some time previous to my seeing him he had suffered from a painful swelling on the right side of the anus, which suppurated, and was opened by the family surgeon, and a large quantity of pus discharged; but the abscess showed no tendency to heal. While playing on the carpet, he slightly bruised the skin of his left leg under the knee, which was immediately followed by erysipelas extending from the knee to the ankle, and accompanied by high fever and rapid pulse.

Small doses of calomel and antimonial powder were ordered to be given every three hours during the day, and a dose of the essence of senna in the morning. In addition to these medicines,

to have three drops of the tincture of the muriate of iron every two hours in thin syrup. The leg was dressed with flour and cotton wadding.

5th.—The erysipelas more generally diffused over the leg. To stop the calomel and antimony, but continue the chalybeate tincture, and keep the bowels open with the senna.

8th.—The erysipelas quite gone, and the original wound under the knee healed. No fever; tongue clean; and the little patient more cheerful than he had been for a length of time.

In conclusion, I shall shortly refer to two cases of *idiopathic erysipelas*, in which I was consulted some years ago. The one case occurred in a gentleman nearly eighty years of age, who had long been subject to periodical attacks of erysipelas in his legs. I recommended him to take the tincture of the muriate of iron; which removed the attack he was then suffering from, and he remained longer free from the disease than he had done for a number of years. He lived until he was eighty-six years of age.

The second case was that of a gentleman of high talents and acquirements, rector of an academy in the south of Scotland. He had an alarming attack of erysipelas, and was attended by two intelligent medical men, who had adopted all the usual remedies with very little advantage. They, therefore, considered his case hopeless. The erysipelas was extensively diffused over his head and shoulders; there was much incoherence and great debility. Immediately on his system being brought under the influence of the tincture of the muriate of iron, the disease subsided, and he was gradually restored to health,—*Monthly Journal of Med. Science*, June, 1851, p. 497.

PROPHYLAXIS OF SYPHILIS.—DR. LANGLEBERT announced to the Academy that he had discovered a substance capable of destroying the effects of the syphilitic virus. This preservative consists of a strong alcoholic solution of soap, having an excess of alkali. Dr. Langlebert had performed several experiments by inoculating with the poison of chancres, and then employing his antidote within about five minutes afterwards. The effects of the virus had in every case disappeared.—*Med. Gazette*, August 8, 1851 p. 259.

THE HUMAN FAMILY.—From an interesting statistical digest just published, it appears that the human family numbers 700,000,000, and its annual loss by death is 18,000,000, which produces 624,400 tons of animal matter, which, in turn, generates by decomposition 9000,000,000,000 cubic feet of gases, which are cleared away from the atmosphere by vegetable matter decomposing and assimilating them for their own uses.

DISEASES OF FEMALES.

We condense the following from an essay read by JOHN E. TYLER, M.D., Rollinsford, N. H., before the Strafford District Medical Society. The essay is published at length in the *New Hampshire Journal of Medicine* for November.—*New Jersey Medical Reporter*.

After adverting to, and lamenting over, the careless and speculative manner with which diseases are too often treated in many of our medical works, causing much loss of time to both practitioner and patient, and administering a passing rebuke to practitioners who do not devote as much time, attention, and patient investigation to the many complaints to which females are liable, our author proceeds as follows:

"For convenience sake, these patients may be arranged in two groups, according to the treatment required. There are, however, some symptoms common to both, which I will first enumerate. There is generally present and complained of, a degree of general debility, and a constant feeling of languor. The countenance is pale, and wears an anxious expression. Sometimes, however, the face is ruddy and the person in full habit, but the anxious expression is never gone.

"There are neuralgic pains in different parts of the body, chiefly and most troublesome in the backs and hips, and (a fact which I ask you especially to notice) in the top of the head; the respiration is shorter and a little quicker than is natural. Palpitation is common. The appetite is capricious. The bowels are commonly confined. A continual harassing distress is felt in the abdomen. I have often heard it expressed thus:

'I feel as if my insides were fastened to my backbone, and somebody was pulling them down out of my body;' or thus: 'When I move, my bowels seem to tumble together from side to side in a mass.' There is extreme weakness and tenderness in the lumbar region. In bad cases, hysteria is present in any of all its protean forms. At times, the patient becomes literally as pale and cold as death. The stomach seems thoroughly crazed, and vomits a characteristic fluid of a pale green color. These symptoms the two classes possess in common. In what I will style class first, there may or may not be some displacement of the uterus. Usually, it is prolapsed and more or less retroverted, and often has a hardened, swollen feeling. The parts are relaxed, and without soreness.

"In class second, in addition to the symptoms which I have above denominated common, are found a greater or less degree of soreness of the abdomen; great tenderness and throbbing in

the lumbar region; a general soreness of the whole skin; and a sensation of internal heat. The vagina is contracted and extremely tender; the uterus is often prolapsed or otherwise displayed, and often swollen and very sensitive."

In the kinds of cases above described, the author has recommended supporters and pessaries; absolute rest, and the recumbent position for months and months; and has employed many remedies in accordance with the recommendations of the books, without satisfying either himself or his patients.

"Without attempting to give any precise pathological views of these cases, I will at once state the following to be the objects which I have aimed at in my treatment:—

"To remove uterine irritation and subacute inflammation:

"To quiet the general nervous disturbance:

"To give tone to the nervous system:

"To give tone to the uterus and its appendages, and thus to recruit the whole body. The course I have followed has been this:—

"For patients enumerated in class first, I order a plaster of galbanum to the hypogastrium, to reach from the pubis to within an inch of navel, and to the hips on either side; and another to the lumbar region. I direct cold water to be applied, by means of a wet roller, around the abdomen and back; and, in warm weather, *always*, and, in cold weather, *often*, the use of the cold hip-bath, with frictions afterwards once in a day. Injections per anum of cold water, or of cold Castile soap-suds—and injections per vaginam of the cold compound liquor of alum of the London Pharmacopœia: that is, of alum and sulphate of zinc; and afterwards of a decoction of white-oak bark. The whole body is to be frequently bathed with cold water, and freely rubbed afterwards. Internally, I prescribe the following pill, to be taken at bed-time:

R. Ext. Belladonnæ,	gr. $\frac{1}{8}$;
Ext. Nuc. Vom.,	gr. $\frac{1}{4}$;
Ext. Valerianæ,	gr. j; M. f. pil. No. j.;

and from half an ounce to an ounce of the following infusion, to be taken three times in a day before eating:

R. Quassiæ Excels.,	3ss;
Magnes. Ustæ,	3j;
Aq. Bull.,	Oj; M. f. infus.

and occasionally a draught of the decoction of *uva ursi*.

"If the uterus be found congested, evinced by the hardened, swollen feel, I exhibit small doses of the iodide of potassium and ergot. If the patient suffers from menorrhagia, I make use of the following pill once, twice, or thrice a day:—

R. Ferri Sulphat.,	{	aa gr. j;
Ergotæ Pulv.,		
Kino Pulv.,		gr. $\frac{1}{4}$;
Extract. tarax. q. s. ad. f. pil. No. j.		

"In treating what I have styled class second, if I find the soreness in the uterine region to be considerable, I give the following:

R. Potass. Cyanide,	gr. ij;
Ext. Bellad.,	gr. j;
Aq. Camph.,	f3ij;
M. S. f3i quaque sexta hora.	

"If the patient be quite feeble, I combine with the above a small quantity of quinine, or of the tincture of nux vomica.

"At bedtime, from one to three grains of lupulin should be given.

"I order baths to the abdomen, of a weak tincture of arnica, and of cold water alternately.

"When, by these means, the soreness spoken of is somewhat removed, I substitute for the above solution the following recipe:

R. Vin. Colch.,	f3j;
Tr. Nuc. Vom.,	f3ij;
Tr. Belladonnæ,	f3j;
Aq. Puræ,	f3iij; M. f. sol.
S. f3j every six hours, and continue the lupulin.	

"Injections of cold water should be used every day, both per anum and verginam. When, by perseverance with this plan, varied and added to, to meet particular cases, my patient comes to the condition of those described in class first, I treat her as already stated.

"By using the means thus detailed, faithfully and perseveringly, I have been gratified to find that one after another of the indications for treatment before stated have, in many cases, been fulfilled; that the appendages of the uterus regained their tone and strength, and the organ itself resumed its normal position; and that my patients, instead of groaning away long days and nights, became, in a measure, fresh and vigorous, and able again to call life a blessing.

"I have a few words to say respecting some of the articles used.

"*Belladonna* has long been used in the treatment of neuralgia. For the relief of pain, or nervousness dependent on uterine irritations, it is *almost* a specific. Nothing will so speedily relieve the agony of dysmenorrhœa as belladonna. And the chief reason why this agent is so much more effectual in relieving the neuralgia of females than that of males is, I believe, because the former, in a very great majority of cases, is dependent on uterine irritation.

"*Lupulin*.—This we have seen recommended to allay undue excitement about the genitals, as in spermatorrhœa, nymphomania, &c. Proving effectual for this purpose, it occurred to me that it might avail something in removing the soreness or erythema of the vagina and uterus, which is always so exceedingly obstinate. And it really is wonderful in its action.

"*Cyanide of Potassium*.—This article has a powerful influence in removing inflammatory action and active congestion of the uterus. In cases of sudden suppression of the menses from cold or fright, where there is present any degree of febrile action or tenderness in the uterine region, the exhibition of this, after the proper evacuations have been premised, will rarely fail to bring on the suspended discharge. This article should not be confounded with the prussiate of potash.

"*Quassia* has long been known to possess an anodyne as well as a tonic power. It certainly is pre-eminent among the tonics in giving tone to the uterus and its appendages. It was through the merest accident that I was led to prescribe it in connection with magnesia for these disorders. I was *much* pleased with its prompt action, and *more* with the permanency of the good it wrought. I was confirmed in its use by a friend, who pointed out to me the quaint remark of an old writer, that '*Quassia*, combined with some one of the absorbents, greatly availeth in cases of hysteric atony.'

"*Nux Vomica*, in minute doses, besides being a most valuable tonic to the nervous system, possesses the power of keeping the bowels in a proper condition."

Our author goes on to call special attention to a particular symptom, viz: the intense pain and heat in the *top* of the head.* This he considers a perfectly sure diagnostic sign of uterine trouble of some sort. He is not aware of the mention of this fact by any writer.

"This pain is often extreme in females who have passed 'the turn of life'—so severe as to lead us to apprehend serious cerebral trouble. There may be no unpleasant sensations in the uterine region, or in any other part of the body. Nothing will be complained of, save this agonizing pain and heat in the top of the head. Belladonna will very shortly remove this, and quassia will prevent its recurrence; and I know of no other article of the materia medica of which I can thus speak."

ARREST OF MEDICAL STUDENTS IN PARIS.—Three medical students were arrested during the late disturbances in Paris; they are said to be more thoughtless than guilty of political offense, and the Dean of Faculty is actively engaged in obtaining their release.—*London Lancet*, February, 1852.

*The fact here referred to by Dr. Tyler, must be familiar to most practitioners, though probably it is not sufficiently regarded by many. Those who have had the pleasure of attending the instructive lectures of Professor Hodge, of the University of Pennsylvania, will remember with how much earnestness he called attention to this *pain in the top of the head*, as a diagnostic sign of uterine disturbance.

GENERAL WASHINGTON—WHO KILLED HIM?

I shall here give in illustration, the observations on the medical treatment of General Washington's last illness, by John Reid, M.D., physician to the Finsbury English Dispensary, and professor of theory and practice of physic.

In reading the official report of the death of General Washington, as stated in the newspapers, &c., I should imagine there were few medical persons who do not feel astonished at the extraordinary manner in which that great man was treated by his physicians during his last and fatal indisposition.

Some time in the night of the 13th of December, it is said, the General was seized by a disease called the *cynanche trachealis*, (croup.) During the same night he sent for a bleeder, who took from him twelve or fourteen ounces of blood. Next morning a physician was sent for, who arrived at Mount Vernon at eleven o'clock; when, imagining danger in the case, he advised the calling of two consulting physicians. In the interval, however, he thought proper to employ, in spite of the twelve ounces that had already been expended, two copious bleedings. Now, when we consider that these are called *copious*, and the other is not noticed as such, and all indifference with which a future *most copious* bleeding is afterward mentioned, we may presume that each of these was twenty-five or twenty ounces at least.

After this, "two moderate doses of calomel were administered." I know not exactly what an American moderate dose of calomel may be, but if it is as fair to presume it to be in proportion to the bleedings, we may conclude that it was at least very considerable.

Upon the arrival of the first consulting physician, it was agreed that, as there was no signs of accumulation in the bronchial vessels of the lungs, they should try another bleeding.

Now this appears to be perfectly inexplicable. As there were at present no signs of accumulation in the lungs, they were driven to another bleeding. Hence it will be seen, that this last bleeding was to produce an accumulation in the bronchial vessels of the lungs. There was great difficulty of breathing, great inflammation; but as there was as yet no accumulation in the lungs, they were determined to induce that also, and, as a likely means of inducing it, had recourse to the most extravagant effusion of blood.

This is not an unfair interpretation of their words; but it could not have been their real meaning; their real meaning it is impossible to discover. In addition to all their previous venesections, thirty-two ounces are now drawn. The medical reader

will not be surprised to find that this was unattended by any apparent alienation of the disease.

In the next place vapors of vinegar and water are frequently inhaled. Two doses of calomel were already given; but this not being deemed sufficient, ten grains of calomel are added; nor is even this sufficient. Repeated doses of emetic tartar, amounting in all to five or six grains, are now administered. It is said that the powers of life now seemed to yield to the force of the disorder. To many it may appear that the yielding of the vital principle, in these circumstances, was not altogether owing to the force of the disorder.

The patient lying in this feeble and nearly exhausted state, is to be still further tormented.

Blisters were next applied to his extremities, together with a cataplasm of bran and vinegar to his throat. It is observed that speaking, which was painful from the beginning, now became scarcely practicable. When we reflect upon the extreme weakness to which the patient must, by this time, be reduced, and that he had both a blister and a cataplasm of bran and vinegar to his throat, can we wonder that speaking would be scarcely practicable, respiration grow more and more contracted and imperfect, until after eleven o'clock at night he expired without a struggle.

Think of a man being, within the short space of little more than 12 hours, deprived of *eighty or ninety ounces of blood*; afterward swallowing two *moderate* doses of calomel, which were accompanied by an injection; then five grains of calomel, and five or six grains of emetic tartar; vapors of vinegar and water frequently inhaled; blisters applied to his extremities; a cataplasm of bran and vinegar applied to his throat, upon which a blister had already been fixed; is it surprising that when thus treated, the afflicted general, after various ineffectual struggles for utterance, at length articulated a desire that he might be allowed to die without interruption.

To have resisted the fatal operation of such herculean remedies, one would imagine that the venerable old man ought at least to have retained the vigor of his earliest youth.—*American Practice*.

COMMON SALT IN AGUE.—Our readers remember that M. Piorry has, for some time, been advocating the use of common salt in ague; he has in several instances met with success, as well as M. Scelle Montdezert. M. Parant has lately published, in the Transactions of the Medical Society of Toulouse, four cases, in which he gave one ounce of chloride of sodium in six ounces of water, in three doses, two hours before the fit. The cases were all successful; it is, however, not mentioned in how many instances the remedy failed to cure the patients.—*London Lancet*.

PRINCIPLES FAVORING MEDICAL SCIENCE—FOUNDED ON THE NATURE OF MAN.

The body of Man, like other organized beings, undergoes various changes. It begins, increases, arrives at its full growth, decreases, and dies. These changes cannot be entirely prevented, but they may be accelerated or retarded by external influences. It is known that different systems of the body, such as the muscles, nerves, digestive organs, &c., do not possess precisely equal activity in the same individual. The same degree of excitement, whether of temperature or of food, may stimulate one system and weaken another. But as medical men admit that some drugs act more on the nerves, others on the blood vessels, others on the skin, others on the abdominal or urinary secretions, why should aliments and other external influences, not be more or less favorable to individual parts of the body?

In this way, nutrition and the regulation of external circumstances will increase in importance as they are discovered to contribute, not only to the development and organic constitution of the body in general, but also to the improvement of single parts.

The foregoing extracts from the writings of that master mind, J. G. Spurzheim, M.D., Licentiate of the Royal College of Physicians in London, exhibits some of the principles upon which true medical science is founded, and they accord well with our "reformed system" of practice, which teaches that the physician can only act as a servant or hand-maid to nature, aid her in overcoming obstructions, by administering such remedies as act on the particular or individual system that may be deranged, selecting those that modify its excitement, or increases its tone or strength, as its nature demands, always keeping in view and administering that preparation which will assimilate with the organic constitution of the body in general, as well as contribute to the restoration and improvement of single parts; and here is the point that mercury, as a medicine, fails to agree with the above principles, or the philosophy of man. Here it at once sinks beneath the ground of medical philosophy; mercury neither assimilates with the animal economy in general, nor any of her individual organs, forms no part of the delicate structure, not even entering the constitution without disturbing her functions, and as soon as its "influence becomes evident, the general strength declines rapidly."

Mercury, in a state of combination, is said to "act on the living system as a peculiar and universal stimulant," exciting all the secretions and excretions;" but its *stimulus* is like that of the lash to the horse, or the goad to the ox, which arouses to action only by the irritation it produces, and results in exhaustion in

proportion to the excitement produced. Not so with preparations, which act in union with the animal economy; nor with the "reformed practice," which is founded on nature; their stimulus is not followed by after exhaustion, but assimilates with, and contributes to the improvement of the debilitated organ which demands its administration.

Obstructions to the functional performance of each individual system is removed by that course which acts in conformity with her own particular laws. And so far as the letting of *blood*, to assist nature, is concerned, we find it in utter opposition to her laws and the principles of philosophy, or even common sense. If any of the individual systems of our constitution becomes excited by a determination of blood to her parts, it is at the expense of a recession of blood from, or obstruction to, some other individual parts of our constitution; there is a want of power in this individual system to carry on her regular functions, and hence the accumulation of blood; and general blood letting, in this particular state of things, but increases the danger, by weakening the general system, and thereby her already weakened parts, giving nature less power to overcome the obstructions, and to repair that loss of balance, which is always retained in health.

Exhaustion is the immediate effect of loss of blood, and if nature had ever intended the constitution of man to be repaired by this process, we would find natural outlets for the surplus of that vital fluid, and upon exhaustion of the system we would find improvement; but, the reverse being the case, we must conclude that it is contrary to her indications, and that to make holes in the body to let the *life* out, is a dangerous practice, always subservient of evil consequences.—*Eclectic Medical Review*.

PROFUSE SALIVATION AND SLOUGHING, CAUSED BY THREE SMALL DOSES OF MERCURY.

BY ROBERT HARPER, M.R.C.S., L.S.A., LONDON.

W. W——, aged eleven years, a delicate boy, was attacked, in the early part of last month (November,) with fever, and for which he was treated in the usual manner, namely, salines, antimonials, &c., followed by wine and other support, and under which he greatly improved. The bowels, however, being in a torpid state, mild aperients, with mercury and chalk, were administered, when required. Altogether, only three doses of the mercurial were given, one of six grains on the 14th, a similar dose on the 17th, and four grains on the 20th; but most profusely

salivation followed, the salivary glands and features becoming swollen to an enormous size, the saliva flowing constantly away, and the breath having the fœtid mercurial odour. Port wine, arrowroot, good beef-tea, in fact, all the support that could be got down, was given, and lotions employed to the mouth; but nothing would stop its fearful ravages: sloughing commenced in both cheeks, and rapidly extended through them; that on the right cheek was not larger than a shilling, but on the left side it extended from one-third across the lips backwards to the edge of the great masseter muscle, and from the malar bone to the lower edge of the inferior maxilla; it presented a frightful appearance, the whole of the teeth on that side being exposed. Everything that could suggest itself was done for the poor boy, but all was of no avail, and he died four days after the commencement of the sloughing.—*London Lancet.*

THE EXAMINATION PAPERS OF THE ROYAL COLLEGE OF PHYSICIANS.

FIRST EXAMINATION.—IN PARTE PHYSIOLOGICA.—December, 1851.

1. Describe the structure of the liver. Give your opinion as to the process by which bile is formed, and the uses of that fluid in the animal economy.

2. Mention the attachments of the diaphragm, its actions and uses. Name the openings by which communication is affected between the cavities of the abdomen and thorax, and the organs which pass through them.

3. Enumerate the principal mucous and serous membranes of the body. Where do these tissues come in contact? By what circumstances of structure and of function can they be distinguished?

4. Enumerate the arteries which form the circle of Willis, and mention any peculiarities which characterize the circulation within the cranium.

5. What are the proximate principles of the blood? In what respect does venous differ from arterial blood? By what means is it converted into it?

SECOND EXAMINATION.—IN PARTE PATHOLOGICA.—December, 1851.

1. Describe a case of traumatic tetanus in its ordinary progress, from the local injury in which it originates, to its termination by death or in recovery.

2. Give an account of the eruptive fever known among physicians as idiopathic erysipels of the head and face.

3. What is strangulated hernia? What are its varieties? How is it expressed by symptoms? and, if unrelieved, how does it kill?

4. What are the symptoms induced by certain noxious varieties of the field-mushroom? Compare and contrast them with the effects, by poisoning, of oxalic acid.

5. What are the evidences, local and constitutional, of "retained placenta," at intervals of three days and of three weeks, respectively, from the period of delivery?

6. Enumerate the principal results of change in the composition of the blood coincident in the system with fever, gout, or granular disease of the kidney.

THIRD EXAMINATION.—IN PARTE THERAPEUTICA.—December, 1851.

1. State the effect of general bleeding on the composition of the blood; the objects attempted to be fulfilled by it in the treatment of inflammatory diseases; and the cautions to be observed in its use

2. State what is known of the physiological action of opium; the conditions in which it can be given with advantage in usually large doses; and some of those in which only small doses, if any, are expedient or safe.

3. Mention the different means employed to arrest hæmoptysis; and the circumstances in which they are respectively useful.

4. Name the medicines which are considered to have an especial action in subduing catarrh of the bladder, the classes to which they severally belong, the preparation of them in the London Pharmacopœia, and their doses.

5. Mention the different salts of potash and soda used in medicine; their chemical composition, physiological action, and doses.

6. Describe the process for preparing quina disulphas.

ROYAL COLLEGE OF SURGEONS.—The following questions in Pathology and Surgery were submitted to the senior candidates for the Fellowship on the 4th inst:—

1. Describe the probable consequences, immediate and remote, of a severe blow on the testicle, and the requisite treatment.

2. Describe the forms of venereal sores, and state the course of symptoms, secondary and tertiary, exhibited by that form of sore to which the term *syphilitic* has been specially applied; mention generally the required treatment.

3. Describe the characters of scalds, burns, and frost-bites; and generally describe the treatment of the several stages of each.

4. State the circumstance which, in a case of alleged rape on a young female child, would induce you to give a decided opinion that the crime had been committed; and point out those occasional conditions of the parts which render a decision difficult.

5. Describe the causes, symptoms, and results of phlebitis, and state the treatment it requires.

6. Describe the characters and consequences of synovial inflammation of the knee-joint, acute, and chronic; also its treatment.

The following on the same subjects were submitted to the juniors:—

1. Describe the formation and progress of a true aneurism when not interfered with.

2. Describe the immediate and remote effects of an extraneous body which has slipped into the air-passages, and the treatment required under different circumstances.

3. Describe the effect of different wounds of the intestines, the prognosis, and reason on which it is founded, and the treatment in each case.

4. Enumerate the different kinds of stone formed in the kidney and the bladder. State which is the most serious, and why? Describe the symptoms and the treatment.

5. Point out the distinctive characters of phlegmonous, erysipelateous, diffuse cellular membranous and carbuncular inflammation, their result and treatment.

5. Describe the mode of union of simple and compound fracture, and the circumstances which render the latter usually of more serious consequences than the former.—*London Lancet.*

[See editorial.]

ONE IDEA-ISM.

It has been remarked that American people are too much confined in their investigations to some *one* idea, that they contemplate on some particular theory until they loose sight of all connecting circumstances. I have found this emphatically true in relation to the different theories of medical practice. A family subscribes for a journal which is the organ of some *one idea* system—a Water-Cure, Homœopathic, or Botanical Journal,—it makes its periodical visits in that family—is perused from month to month, and from year to year—cases of cures are reported in each number, and furnishes those which could not, or were not cured by other systems of practice; and its readers soon come to the conclusion that it is *the* system, to the exclusion of everything else—the *ne plus ultra* of all medical theories, and that he must be a charlatan who would employ other means of cure. In this way families too often become not only enthusiastic, but very strong partizans in their favorite theory. They regard it as appropriate to all classes of temperament and disease, and generally fail to learn their mistake until their hearts are made desolate by the frequent inroads which death has made in their family circle.

They forget that its reported cases of cure are only few out of thousands. And that, probably, many who could not be benefited by their favorite theory, could be readily cured by some other.

This will be found characteristic of all exclusive systems of medical practice.

Any practitioner who has had any amount of experience can honestly report many cases of cure which had been unsuccessfully treated by almost every other class of physicians. This goes strongly to prove that no *one* system of practice is adequate to the removal of all classes of physical difficulties.

More acquaintance with each system and less bigotry in a general selection, would unquestionably prove to be of great importance to the fraternity. And I think that I can justly say that he who acts upon this principle, is far the most successful in the cure of disease. And it is truly a matter of wonder, that medical men are so slow in making the discovery and application of a principle which has proved to be of almost infinite importance to the human race—a principle which is, and has been for the last fifteen years, in some portions of the United States saving the lives of tens of thousands per year; which has caused the heretofore fatal diseases to be but little dreaded. Nothing is more common than to hear people remark that Dr. A. is good in the cure of fever, Dr. B. in dysentery, Dr. C. in nervous diseases and so on.—All this, again, conclusively proving that each are too exclusive in their selection of remedies. If each understood the principles of practice of the other, and the therapeutic action of their remedies there would not be such difference in the success of their treatment of any specific disease. The first must rely wholly upon calomel, the second upon lobelia and cyanne pepper, the third upon cold water, and the fourth upon minute doses of aconite. It does not require much discernment to perceive that all of these cannot alike be expedient in the treatment of a fever.—If it was not for so strong a partisan feelings, we might reasonably hope there would be a blending or a combining of some of their remedies so as to make it highly beneficial to the patient. But it is to be feared that many practitioners would prefer death to their patient, rather than to deviate from their prescribed rules, or to adopt any means which is not published on the banner under which they hail. Yea, more, I have been creditably informed that a practitioner of this city has made the announcement that he would prefer the death of one of his *own children*, than to deviate from his regular practice. It is hard to believe this, but I must acknowledge that there is much confirmatory evidence. And if such be the enthusiastic feeling in favor of any prescribed rules, merely on account of their antagonism to others—a feeling which would sacrifice one's own offspring, it is to be most fearfully apprehended that those less dear would be freely offered upon the altar of bigotry and selfishness. I leave for the intelligent reader to decide how far such exclusive feelings are justifiable, and whether he would be willing to risk his life in the hands of a physician, whose passions so triumphantly reigns over his moral feelings.—*Boston Domestic Journal of Medicine.*

**CASE OF DESTRUCTION OF THE LOWER JAW AND
OF A PORTION OF THE FACE, UNDER HOMŒOPATHIC
TREATMENT—NOVEL OPERATION.**

BY PROF. F. H. HAMILTON, M.D.

Martin Neuman, seven years old, was attacked on the 10th of August, 1849, with a mild dysentery. The family were German and sent for a German Homœopathist, who gave him at once small pills which "looked and tasted like sugar!" also a powder and a solution.

Within seven days from the time the medicines were commenced, salivation began, and small ulcers appeared upon the inside of the mouth, upon the gums, &c. Three days after, the ulceration had extended so rapidly, that the lower lip was nearly separated, and in a day or two more it fell off entirely. Three months later the greater portion of the lower jaw came away in one piece, being two and a half inches long, and including the whole diameter of the bone with its corresponding teeth. The bone and teeth are now in my possession.

It is a coincidence somewhat remarkable, that the sister, Amelia, several years older, was ill in the same way, and at the same time (it was during the prevalence of the cholera in this city), and took medicines from the same man, viz: solutions, &c., and within one week she was severely salivated also, and her mouth became ulcerated, but no destruction of bone or of the soft parts ensued.

In January, 1850, the lad was brought to me by his father.—The lower jaw was then reproduced through the whole extent of that which had been destroyed, but the teeth were of course not replaced: nor was there a vestige of a lower lip, and even the bone was thinly and imperfectly covered with integument. His condition was distressing in the extreme, since he could masticate only with great difficulty, and his saliva was constantly pouring upon his chin, excoriating his face and neck, and saturating his clothes.

First operation for the restoration of the lip. Jan. 14, 1850, in the presence of the class at the Medical College, I abraded the upper edge of the skin corresponding to the lower lip, to the extent of a quarter of an inch each way from the centre; from either extremity of this horizontal incision I cut perpendicularly about one inch, and then starting from the lower end of these incisions, I carried the knife outward and downward to the left, and outward and downward to the right, one inch and a half. The two lateral pieces thus marked out, were now dissected from

the jaw, and slid upward and drawn together with sutures above the central piece; the lower edge of the lateral pieces thus united were stitched also to the upper and abraded edge of the central piece.

The object in leaving a central piece attached to the jaw, and uniting the lateral pieces above it, was to prevent the lateral pieces, which were to constitute the new lip, from drawing down again by the contraction of the wound below. The plan was original, I believe, and proved successful. The new lip, however, became, in process of time, through stretching and shrinking, insufficient, and I made a second operation to increase the depth of the lower lip, and prevent more effectually the saliva from dribbling from the mouth.

Second operation, Aug. 28, 1850, at my office, in the presence of Drs. Samuel Carey, Camp, and others. My mode of procedure was entirely new, and, as I believe, has established an important principle in this class of operations. The operation was as follows: A single incision was made just under the chin, extending along the lower edge of the inferior maxilla about three inches from side to side. All the integument comprised between this horizontal incision and the upper edge of the lower lip, was now raised from the bone, and the entire mass slid upward until its lower edge was made to correspond with a line just below the upper border of the jaw. Here this edge was made fast to the *periosteum*, by several interrupted sutures. The gaping wound below was left to close by granulation. The result has been that adhesion occurred between the lower edge of the flap, thus secured, and the *periosteum*, and no disposition was afterwards shown in the flap to draw downward as the wound cicatrized; but on the contrary, the skin from below, that is, from under the chin and the neck, was somewhat drawn upward, and thus between the formation of new skin and contraction from the skin below, the wound closed.

The new principle established is, that *by attacking the skin directly to the PERIOSTEUM its displacement by cicatrization, and contraction, is prevented*. Every one who has operated for the restoration of the lower lip will see the advantages which this plan offers. There is nothing to which the upper, free border of the new lip can be attached, and there is consequently nothing but the mere transverse tension of the lip, to prevent its descending as cicatrization progresses below. This tendency I sought to avoid in the first operation by leaving a central piece untouched and adherent to the bone, and then bringing the new lip above it. But this procedure requires a sacrifice of a portion of the transverse diameter of the lip, and is often wholly inadmissible; and always objectionable, if the same end can be attained by another mode. This new mode, as we have demonstrated, prevents the sliding downward, without sacrificing any portion of

the lip. The remarks are applicable especially to cases of *complete* loss of the lip. Where only a portion is lost, various other methods of supplying the deficiency may be practiced; as by stretching the lip, or sliding from the cheeks, or even by an operation of "torsion" from the cheeks.

This idea originated in having observed elsewhere the capacity of the periosteum to form skin. I have several times proved, contrary to the often repeated doctrine, that skin may form *de novo*, independent of old skin: as where there has been an extensive destruction of the integuments over a bone—where the parts have been torn away, or have sloughed quite to the periosteum, and consequently no old skin could have been left from which the new could form, except at the edges; yet in the very centre of this broad ulcer, new skin has sprung up like an oasis, and gradually spread outward in all directions. But this has always been where the periosteum was actually exposed, which first becoming white and spongy, has soon shown itself to be the nucleus of a new skin—in fact, it has become *itself converted into skin*, remaining ever afterwards depressed, immovable, and adherent to the bone at that point.

The result of the case of the lad Neuman, is that he has a lower lip, sufficient to cover the gums and a part of the bodies of a set of artificial teeth which our ingenious dentist, Dr. Harvey, has made for him. The lip is narrow, for we have not yet been able to prevent the contraction and rolling in of the upper edge as it heals, but it certainly would have been much narrower, or entirely lost if the adhesion to the periosteum had not been effected.

I will not omit to say that, by the constant effort to use the lower lip, or perhaps simply by the lapse of time, the lip has very perceptibly lengthened in its vertical diameter during the last six months.—*Buffalo Med. Jour.*

THE WOUNDED IN THE LATE DISTURBANCE AT PARIS.

L'Union Medical states that most of the wounded insurgents taken prisoners at the barricades are being treated in the various hospitals. The Hotel Dieu has admitted the greatest number of cases. On the 8th there were thirty insurgents under the surgeons' care, La Charite had twelve; and the Hospital St. Antoine, as well as Ste. Marguerite, though very near the scene of the conflict, have only had sent to them a few of the wounded. The number of cases in the civil hospitals has not altogether ex-

ceeded 138 cases, wounded soldiers included. Most of the latter have, however, been since carried to the military hospitals. The Hotel Dieu had received thirty-one wounded soldiers, La Charite twelve, the Maison de Sante fifteen, and the Hospital St. Louis as many. Now that the soldiers have been removed, the civil hospitals return only seventy-nine wounded; ten of these (who could not be removed) are soldiers, and five women. In a tabular form, the numbers are as follows for the present time:—

	Men.	Women.	Soldiers.	Total.
Hotel Dieu - - -	20	1	0	21
Charite - - - -	16	3	0	19
Ste. Maguerite -	1	0	4	5
Beaujon - - - -	4	0	0	4
Bon Secours - -	2	0	0	2
Saint Louis - -	18	1	6	25
Clinque - - - -	2	0	0	2
Incurables - - -	1	0	0	1
	64	5	10	79

As to the soldiers, the number of the wounded is as yet uncertain, since the transfers from the movable hospitals and the civil institutions to the military hospitals, only took place on the 8th. The *Constitutionnel*, however, states that the number of wounded soldiers is 107, among whom are three officers, for the most part severely wounded. At the Val de Grace (the military hospital) there are forty-eight wounded, of whom two are officers; at the Gros Gaillon (another military hospital) there are twenty-five; and only a few at a third institution called Roule. *L'Union Medical* promises ample details as to the nature of the injuries; we shall not fail to transcribe them.—*London Lancet*.

TARTARIC ACID USED FOR AIDING THE SOLUTION OF DISULPHATE OF QUININE.—A few drops of dilute sulphuric acid will, as is well known, aid to dissolve disulphate of quinine, but the taste of the mixture is then very bitter and disagreeable. Messrs. Bouchardat, Righini, and Ruspini advise tartaric acid to be used for the purpose of hastening the solution of the quinine instead of sulphuric acid; and M. Casorati has found that one grain of the tartaric acid is sufficient to saturate three of disulphate of quinine, the compound being then a sulpho-tartrate of quinine, and not at all unpleasant to the taste.—*London Lancet*.

HYDROPHOBIA.

Whenever one dog is bitten by another, and the latter is supposed to labor under this dreadful malady, immediate steps should be taken to arrest it; for a dog once bitten by another, whatever may be the stage or intensity of the disease, is never safe.—The disease may appear in a few days; in some instances, it is prolonged for eight months.

Symptoms.—Mr. Lawson tells us that “the first symptom appears to be a slight failure in the appetite, and disposition to quarrel with other dogs. A total loss of appetite generally succeeds. A mad dog will not cry out on being struck, or show any sign of fear on being threatened. In the height of the disorder, he will bite all other dogs, animals, or men. When not provoked he usually attacks only such as comes in his way; but, having no fear, it is very dangerous to strike or provoke him. The eyes of mad dogs do not look red or fierce, but dull, and have a peculiar appearance, not easy to be described. Mad dogs seldom bark, but occasionally utter a most dismal and plaintive howl, expressive of extreme distress, and which they who have once heard can never forget. They do not froth at the mouth; but their lips and tongue appear dry and foul, or slimy. They cannot swallow water.” Mr. Lawson, and indeed many veterinary practitioners, have come to the conclusion that all remedies are fallacious! *

Remarks.—In White’s Dictionary we are informed that the tops of yellow broom have been used for hydrophobia in the human subject with great success; and we do not hesitate to say that they might be used with equal success on beasts. Dr. Muller, of Vienna, has lately published in the *Gazette de Sante*, some facts which go to show that the yellow broom is invaluable in the treatment of this malady. Dr. White tells us that “M. Marochetti gave a decoction of yellow broom to twenty-six persons who had been bitten by a mad dog, viz: nine men, eleven women, and six children. Upon an examination of their tongues, he discovered pimples in five men, three children, and in all the women. The seven that were free from pimples took the decoction of broom for six weeks and recovered.”

The same author informs us that “M. Marochetti, during his residence at Ukraine, in the year 1813, attended fifteen persons

*They probably only allude to cauterization, cutting out the bitten part, and the use of poisons. It cannot be expected that such processes and agents should cure the disease. Let them try our agents before they pronounce “all remedies fallacious.” Let them try the *alisma plantaga*, (pantain,) yellow broom to ps, *scutellaria*, (skullcap,) lobelia, Greek valerian, &c.

who had been bitten by a mad dog. While he was making preparations for canterizing the wounds, some old men requested him to treat the unfortunate people according to the directions of a peasant in the neighborhood, who had obtained great reputation for the cure of hydrophobia. The peasant gave to fourteen persons, placed under his care, a strong decoction of the yellow broom; he examined, twice a day, the under part of the tongue, where he had generally discovered little pimples, containing, as he supposed, the hydrophobic poison.

These pimples at length appeared, and were observed by M. Marochetti himself. As they formed, the peasant opened them, and cauterized the parts with a red-hot needle; after which the patients gargled with the same decoction. The result of this treatment was, that the fourteen patients returned cured, having drank the decoction three weeks." The following case will prove the value of the plantain, (*plantago major*.) We were called upon, October 25, 1850, to see a dog, the property of Messrs. Stewart & Forbes, of Boston. From the symptoms, we were led to suppose that the animal was in the incipient stage of canine madness. We directed him to be securely fastened, kept on a high diet, &c. The next day, a young Newfoundland pup was placed in the cellar with the patient, who seized the little fellow and crushed his face and nose in a most shocking manner, both eyes being almost obliterated. The poor pup lingering in excruciating torment until the owner, considering it an act of charity, had it killed. This act of ferocity on the part of the patient confirmed our suspicions as to the nature of the malady. We commenced the treatment by giving him tea-spoonful doses of powdered plantain, (*plantago major*), night and morning, in the food, and in the course of a fortnight, the eye (which, during the early stage of the malady, had an unhealthy appearance) assumed its natural state, and the appetite returned; in short the dog got rapidly well. We feel confident that, if this case had been neglected, it might have terminated in hydrophobia.

We are satisfied that the plantain possesses valuable antiseptic and detergent properties. Dr. Beach tells us that "a negro at the south obtained his freedom by disclosing a nostrum for the bites of snakes, the basis of which was the plantain." A writer states that a toad, in fighting with a spider, as often as it was bitten, retired a few steps, ate of the plantain, and then renewed the attack. The person deprived it of the plant, and it soon died.

Treatment.— Let the suspected dog be confined by himself, so that he can do no injury. Then take two ounces of lobelia, and one ounce of sulphur, place them in a common wash tub, and add several gallons of boiling water. As soon as it is sufficiently cool, plunge the dog into it, and let him remain in it several minutes. Then give an infusion of either of the following articles: yellow broom, plantain, or Greek valerian, one ounce of the herb to one

pint of water. An occasional tea-spoonful of the powdered plantain may be allowed with food, which must be entirely vegetable. If the dog has been bitten, wash the part with a strong infusion of lobelia, and bind some of the herb on the part. The treatment should be continued for several days, or until the animal recovers, and all danger is past.—*Dr. Dadd's Journal.*

LEBERT ON CANCER.

Mr. Lebert has studied the development of cells under all possible circumstances, and rejects the doctrine of cellular generation, as applied to morbid tissues: to cancer in particular. Cancer evidently grows by the quantitative augmentation of its cells; but that augmentation is produced by the new blastema which is constantly supplied by the vessels, and which exudes in the same manner as the fresh atom of cancerous matter: it is in this blastema that the new cells form at first, under the form of small nuclei, which enlarge, and present quickly one or more nucleoli: subsequently the enveloping membrane is produced in a manner which M. Lebert does not pretend to explain. The cell once formed, grows by a species of endosmosis until it presents the typical aspect; it then deteriorates by diffusion, by internal granular dissolution, by granulo fatty infiltration, by rupture, by effluence, or by a species of desiccation; in a word, this cell is produced, developed, deteriorates and disappears, it restores its substance, which becomes amorphous in the medium where it exists, to serve perhaps, in the blastema, for new cellular formations; but it does not propagate itself by direct cellular generation.

There are two periods of cancer development. The first is that of exsudation of the primitive blastema; the second that of its growth, vascularisation, and nutrition, produced by a regular circulation, abnormal only in the fact of its new formation; it is this newly created reservoir of the general circulation which answers for some time as an emunctory of the entire economy, for the local excretion of the cancerous matter. To the second period succeeds a third, which has a peculiar feature, the mechanism and intimate nature of which have not been justly estimated: pursuing a false analogy, it has been said that cancer, at a certain period of growth softens like tubercle. Nothing can be more erroneous, cancer is often soft from the beginning. It is not denied that cancer may soften, and does, in a certain number of cases; but softening is in no respect a phase of development; it is only one of the variable effects of troubled nutrition,

which may or may not occur. The third period of cancer is that of its troubled nutrition, and these troubles affect a number of forms, which he proceeds to analyse.

Encephaloid is more frequent than scirrhus; soft cancer is the type, and hard cancer a variety. M. Lebert proceeds to a consideration of the circumstances that affect the consistency of cancer. The structure of the organ in which it is located, effusion of blood, desiccation, conditions of surrounding parts, ulceration, &c., &c., are among the causes that modify the consistency of cancerous formations. According to the observations of our author, one half of the cases of cancerous mamma were not ulcerated; the proportion was about the same in cases affecting the stomach. In one-seventh of the cases that died of uterine cancer, there was neither softening nor ulceration. In the skin, ulceration occurs, but it is often absent. The same is true of cancer of the bones, and of the eye. Cancers of the ovaries, testicles, liver, peritoneum, nervous centres, kidneys and lungs, rarely present ulceration; and softening is infinitely more frequently absent than present.

Some remarks on the local and general propagation of cancer, and on the alterations observed in cancerous persons, come next in order. We shall pass them over, however, inasmuch as they present nothing of peculiar interest.

The question of the co-existence of cancer and tubercle is also mooted by M. Lebert, and we will give his conclusions.

Bayle and others have announced the incompatibility of cancer and tubercle. The opinions were based upon observation, and upon the theory of *crases*, according to which the diseases belonged to different constitutions of the blood. Tubercle is placed in the fibrinous crasis, and cancer in the albuminous, and as these two *crases* are not met with in the same individual, the two diseases cannot exist together. M. Lebert rejects the facts and the explanations. He admits that cancer and tubercle do not co-exist in the same tumor, and draws a careful distinction between the granulo-fatty infiltration, (*phymatoide*), which is always of a cancerous nature, and tubercle. In 45 autopsies of uterine cancer, M. Lebert found thirteen cases of tubercle, divided as follows:

Five of old and cured tubercles, five of small extent, and not certainly recent; but three of an unquestionably recent character. In 34 autopsies of cancer of the mamma, he found recent tubercles twice. In nine autopsies of cancer of the œsophagus, two cases of recent tubercle. In 57 autopsies of cancer of stomach, five old tubercles, and five recent. In 13 of bones, two cases of old tubercle, and two recent. This presents 15 cases of tubercle in 173 autopsies, or, exclusive of the old tubercles, a proportion of 8.16 in 100. M. Lebert thinks that one case of recent tubercle in 20 cancers may be regarded as a general average.

Cancerous patients become tuberculous with much more facility than phthisical patients become subject to cancer; the latter is an exceedingly rare circumstance.

Of the comparative frequency of Cancer in the different organs.

M. Lebert invalidates the statistical table of M. Tanchou, based on 9,118 cases. He placed more reliance on the table of M. Marc d'Espine, of Geneva. It embraces 471 cases of deaths from cancer, occurring between the years 1838 and 1845:

Stomach, - - -	209	Œsophagus - - -	8
Uterus, - - -	72	Mouth, - - -	6
Liver, - - -	59	Genital organs of male, -	5
Mamma, - - -	44	Bones, - - -	4
Alimentary Tube, - -	14	Indeterminate, - -	19
Glands of neck, - -	12		
Rectum, - - -	10		
Canc. Diathesis, - -	9		
Total, - - -	420		471

A glance at this table, will show the relative frequency of the disease in different organs. We now give the table of Lebert's own observations:

Mamma, - - -	62	Peritoneum, - - -	10
Stomach, - - -	57	Œsophagus, - - -	9
Uterus, - - -	52	Thyroid Gland, - -	7
Brain, - - -	48	Spinal Cord, - - -	7
Bones, - - -	35	Bladder, - - -	7
intestines, - - -	24	Tongue, - - -	0
Eye, - - -	23	Palate and tonsils, -	6
Skin, - - -	20	Respiratory passages, -	6
Testicle, - - -	18	Ovaries, - - -	4
Liver, - - -	15	Cellular tissue, - -	4
Lymphatic Glands, - -	12	Parotids - - -	3
Kidneys, - - -	12		
	378		447

CANCROID.

In his work on Pathological Physiology, M. Lebert makes the distinction between true cancer and epidermic and epithelial tumors; and he there defines cancrioid to be the eating ulcers of the face and uterus, which do not present the cancerous tissue. In a communication made to the Institute in 1846, M. Lebert insisted upon the cancrioid nature of epidermic tumors, and upon the fact that there existed between these and true cancer incontrovertible points of relationship, on the one hand, but differences not less marked on the other. He calls all affections cancrioid, that have

a true analogy with cancer in relation to march and clinical phenomena, while they differ from cancer in structure and other essential points revealed by clinical study.

CHAPTER III.—GENERAL PATHOLOGY OF CANCER.

1st. *Symptomatology.*

In the greater number of patients observed by M. Lebert, the anterior health presented no circumstances which appeared to have a direct relationship with cancer. It was generally good, or presented derangements altogether independent of the approaching disease. In cases of cancer in the stomach and uterus, neither gastritis nor metritis were the point of departure. He never saw a simple ulcer become cancerous. Cancer appears in the midst of good health, as an independent disease; it is neither the transformation, nor the termination of any other malady.

Cancer has no prodromes nor period of incubation. The debut is often latent, and for a long time the general health may remain unaffected. The term *Cancerous diathesis*, according to M. Lebert, indicates the first disposition to cancerous deposition, the term *cachexy* implies the infection of the system occurring at a later period, and characterized by emaciation and as increasing alteration of the nutrition which is not specific.

There are differences in the commencement of superficial and deep-seated cancer. The first begins as a small tumor which attracts but little attention. It is not painful until a later period. Internal cancer, on the contrary—as stomach, bowels, liver, &c.—makes itself known by the production of functional troubles—troubles appropriated to the organ in which the disease is located. There is nothing pathognomonic in the commencement of cancer. M. Lebert again mentions the deceptive sense of fluctuation often presented by cancer.

The cancerous cachexy must have struck all practitioners who have given attention to this class of diseases. This complete deterioration of the general nutrition is a constant phenomenon in the latter periods of cancer.

The *duration* of cancer presents a tolerably fixed average. The most acute case observed by M. Lebert, was a cancer of the uterus which proved fatal in two months. Other cases lasted from three to ten years.

The following table exhibits the comparative duration of cancer of the different organs:

Months.		Months.	
Thyroid gland, -	6.50	Respiratory passages, -	13.00
Kidneys, -	8.00	Tongue, -	14.00
Liver, -	9.20	Uterus, -	16.00
Ovaries, -	12.00	Intestines, -	18.00
Fauces, -	12.00	Lymphatic gland, -	24.00
Peritoneum, -	12.00	Bones, -	27.12

Skin, - - -	12.00	Eye, - - -	33.50
Bladder, - - -	12.50	Breast, - - -	42.00
Œsophagus, - - -	13.00	Testicle, - - -	42.00
Stomach, - - -	13.00		

The general average of these is about eighteen months.

Here follows a table displaying the average age at which cancer appeared in different organs :

	Years.		Years.
Eye, - - -	32.00	Stomach, - - -	54.59
Testicle, - - -	35.12	Bladder, - - -	55.33
Bones, - - -	39.50	Intestines, - - -	55.50
Brain, - - -	44.04	Typhoid, - - -	57.33
Uterus, - - -	44.12	Skin, - - -	57.44
Tongue, - - -	47.14	Liver, - - -	57.50
Breast, - - -	50.00	Kidneys, - - -	59.00
Lymphatics, - - -	59.45	Œsophagus, - - -	60.00
Respiratory, - - -	52.33	Fauces, - - -	64.00
Peritoneum, - - -	53.28		

The average of all these numbers is 50.98, or nearly 51 years.—*Pennsylvania Med. Journal.*

CASE OF POPLITEAL ANEURISM TREATED BY COMPRESSION;

With remarks, and a list of the cases treated in Dublin.

O'B. BELLINGHAM, M.D., F.R.C.S.E.

Before the Royal Medical and Chirurgical Society at its meeting of June 10, 1851, the following case was reported. We copy from the London Medical Gazette.—The subject of this case was a laborer, aged forty-two, who was admitted into St. Vincent's Hospital, under Mr. Bellingham's care, in November, 1850. The aneurism, which was of large size, was seated on the right side, had a strong heaving impulse, and a short harsh bruit was heard on auscultation over it. The treatment was commenced by placing the patient upon a very restricted diet, especially as regards fluids (six ounces only being allowed in the day, with eight ounces of solid food,) confining him strictly to the horizontal posture, with a dose of purgative-medicine each night. Under this treatment, continued for some days, the pulse, from being hard and incompressible, became soft, small, and slow.

Compression was commenced Dec. 4th, at 11 o'clock, A. M. by means of two instruments; one upon the artery where it crosses

the ramus of the pubis, the other at the lower third of the thigh. At 8½ o'clock, P. M., the outlines of the aneurismal sac was more distinct, the patient's skin was cool, and he did not complain of pain. He remained awake during the night, and kept up the compression himself, the points upon which the pad of the instrument should rest having been marked with ink. Next morning, between 9 and 10 o'clock, on unscrewing the instrument, the pulsation of the aneurism was found to have ceased; the tumor was hard, solid, and circumscribed, and an enlarged collateral vessel was felt over the centre of the popliteal region. Moderate pressure was continued for some days, the patient was kept in bed, and the diet was gradually improved. The tumour diminished in size; and when the patient returned home, the limb was as strong as the other, and his general health perfectly good.

Some remarks upon the treatment of aneurism by compression follow, in which the author contrasts the results of compression and the ligature, and points to the advantages likely to ensue from combining constitutional with local treatment.

In a table appended to the paper, the author has given a list of all the cases of external aneurism treated by compression in Dublin during the last seven years, in which the seat of the disease is mentioned, the hospital or other locality where the treatment was conducted, the surgeon's name who had the management of the case, and the results are stated. Of these, it appears that twenty-six were cases of popliteal aneurism, twenty-one of which were cured; six were cases of femoral aneurism, of which five were cured, the sixth having been a form of traumatic aneurism, in which amputation of the limb was the only resource; three were cases of brachial aneurism, of which two were cured; in the other a high bifurcation of the brachial artery existed, and two vessels required to be tied. One was a case of radial aneurism, which was cured by compression.

Of the remaining five cases of popliteal aneurism, amputation of the limb was performed in one, the patient recovering; in a second, the ligature was used with success; in a third, the patient was obliged to return to his employment before the cure of the disease; and the aneurism diminished in size, and the patient continued to work for above three years afterwards, when symptoms of aortal aneurism supervened, under which he sank. In a fourth, the patient died of pulmonary disease; and the fifth patient, who was of a broken-down constitution, died of erysipelas.—*New York Journal of Medicine*.

CARBONATE OF AMMONIA IN CHRONIC PSORIASIS.—M. CAZENAVE has for many years past employed carbonate of ammonia in squamous diseases of the skin. He prescribes 10 parts of ammonia to 240 of simple syrup, the patient taking from six to twenty-four grains of the salt daily.—*Med. Times*, Aug. 9, 1851, p. 161.

CASE OF INVERSION OF THE VAGINA COMING ON
DURING LABOR.

BY DR. LAMBERT.

The patient was a laboring woman. During the last six months of her third pregnancy she suffered from prolapsus of the vagina whenever she was working at out-door labor. The swelling thus produced attracted her attention, but did not alarm her, as it disappeared when she lay down in bed.

When labor came on, the tumor again appeared between the limbs. The midwife in attendance finding the labor tedious, and ignorant of the nature of the case, recommended the woman to make the most of her pains, and ordered her to a vapor bath. The only apparent effect of this advice was the increase of the tumor to double its former size. When Dr. Lambert arrived, he found it projecting from the vulva, of the size of two fists, of a blueish-red color, wrinkled, and of considerable consistence.

At its lower extremity was an opening through which the finger could be introduced to the os uteri.

Dr. M. recommended rest in the horizontal posture, with the pelvis a little elevated, cold applications to be made to the tumor, and slight pressure applied to replace it during the intervals between the pains. After considerable delay the tumor was reduced, and the woman delivered with forceps. She made a good recovery, and the swelling has never returned.—*London Monthly Journal, from Revue Med. Chir.*, April, 1851.

JENNER MONUMENT.

The public was apprised some months since of the project which had been set on foot in London, of erecting in that city, a statue of Dr. Jenner, in commemoration of the discovery of vaccination. It was proposed that contributions towards this object should be solicited from all civilized nations, in order that the monument might be an expression of the universal gratitude of mankind to one of its greatest benefactors. The duty of commending this subject to the attention of the citizens of the New England States, and of seeking their aid, was assigned to a committee of Physicians in this city, and having completed their labors, they now, according to their promise, submit the result to the public.

The total amount which has been collected is	-	\$1033	71
The expenses for printing, collecting, &c.	-	163	25

Leaving a balance in the hands of the committee of \$870 46

This sum has been transmitted to the treasurer of the fund resident in London.

The following is a detailed statement of the places from which subscriptions were received—the amount from each place—and the number of contributors. It may be recollected that the sum subscribed by each person was in no case to exceed one dollar.

Massachusetts.—Boston, subscribers, 524; amount, \$503 81. Lowell, 120; amount, \$101. Salem, 78; \$78. Roxbury, 26; \$26. Waltham, 25; \$25. Worcester, 26; \$25 50. New Bedford, 23; \$23. Newburyport, 22; \$22. Danvers, 28; \$20. Charlestown, 19; \$19. Fitchburg, 27; \$12 15. Dedham, 12; \$11 50. Fall River, 10; \$7 50. Pittsfield, 10; \$7. Dorchester, 6; \$6. Lawrence, 8; \$5 25. Lee, 9; \$5. Newton, 10; \$3. Montague, 6; \$1.

Maine.—Portland, 17; \$17. Bangor, 3; \$3.

Vermont.—Burlington, 51; \$51. Brattleboro', 1; \$1.

Rhode Island.—Providence, 43; \$40. Newport, 5; \$5.

New Hampshire.—Dover, 13; \$13.

Connecticut.—Norwich, 2; \$2.—*Boston Med. & Surg. Jour.*

KILLING, NOT MURDER.

A case of extreme salivation and consequent ulceration, sloughing, and rottenness of the whole mouth, can now be seen near the coffin sign on Webster street. We are informed that the whole side of his face, gums, and jaws, are in one mass of corruption, some of the teeth have been picked out of, and others are still laying in, the corrupted mass.

This child was attacked with bilious fever, and treated by an Old School physician, whose name can be learned from the mother of the child, who acknowledges that calomel is the cause of this horrible spectacle, but we are told that this Doctor takes shelter under the garb of that *science*, which a certain Medical Association of Pittsburgh assumes the exclusive privilege to practice, and thereby wards off the opprobrium of quackery.

Will the Medical Association of which Dr. Gazzam is President, sustain this murderous quack, which the parent says "has so nearly killed her child, he may as well finish it?"

We are told they will. The child is now dead.—*Eclectic Medical Review.*

CONGENITAL OCCLUSION OF THE VAGINA RELIEVED
BY SURGICAL OPERATION.

BY J. MASON WARREN, M.D.

In the *American Journal of Medical Sciences* for July, we find the following report of a case of Congenital Occlusion of the Vagina, attended with retention of the menstrual fluid in the uterus and upper part of the vagina; and also the Fallopian tubes. The patient, aged seventeen years, being fully etherized with chloric ether, "an incision was made transversely across the mucous membrane of the lower part of the vagina. This disclosed muscular fibres, which being carefully divided through the aperture thus made, a delicate membrane of dark color protruded. It was suggested by one of the gentlemen present, that this might possibly be the peritoneum, which, in a case of malformation and non-existence of the vagina might take an abnormal direction. For the purpose of testing this, I attempted to separate it from the surrounding textures, knowing the loose character of the cellular tissue which attaches the peritoneum to the neighboring organs and the pelvis. This was at once found to be impracticable, and on renewal of the effort the resisting part yielded, and the finger passed through into what appeared at first to be the abdominal cavity, so well defined was the anatomy of the walls of the pelvis. The absence of intestines, and the appearance of a small quantity of dark-colored fluid by the side of the finger, soon made it evident that the vagina had been opened. The size of the cavity occupying the entire pelvis, and the complete absence of os uteri or other boundary, between the uterus and vagina was, on examination, sufficiently evident to all present.

By the aid of slight pressure on the abdomen, about half a pint of thick, tenacious fluid escaped. As the uterus did not at once take on contractions, no further efforts were made to evacuate the fluid, but a bit of sponge was introduced into the opening to prevent the parietes from adhering. The vegetations at the orifice of the urethra were now removed by the scissors, and the base of the tumors cauterized with nitrate of silver. To show the extreme sensibility of these tumors, it may be observed that as soon as they were interfered with, the patient, although well etherized and perfectly passive through all the previous operation, immediately drew back as if in extreme pain.

At 7 P. M., she was in good spirits, and expressed herself entirely relieved by the operation. The effects of the ether had passed off, notwithstanding she had been kept for three-quarters

of an hour fully under its influence. I warned her as to the great danger she incurred from any irregularity in diet, or exposure to cold, as I found her disposed to leave her bed, and she was demanding food.

On the 14th September, the day following the operation, she was reported to have passed a good night. The sponge was removed from the vagina, and a free discharge of the peculiar fluid took place; after a few hours it was again introduced. No urine had been passed since the operation; during the succeeding night, however, a copious evacuation of the bladder took place.

On the 17th, she still continued to improve, and the tumor of the abdomen to diminish. The finger passed into the vagina could distinguish the os uteri, as if it were gradually forming itself. It was about the size of a tumbler, with thick edges, and covered with dilated blood-vessels. The sponge tent, when withdrawn, was very offensive.

As she was urgent to go among her friends, I agreed to-day, the 20th, that she should do so; being conveyed to the railroad in a carriage with care, and kept in a recumbent position until she arrived at the point of her destination. She was then to remain a few weeks longer in bed, or on a sofa, without attempting to use any exercise. At the period of leaving town, she was quite well. The urine was passed naturally and without pain, the sensitive tumors of the urethra having been destroyed by the operation. The discharge from the vagina had partially ceased, or had been replaced by a serous exudation. Her appetite, and the state of her digestive organs were natural."

REMARKABLE SURGICAL OPERATION.

On Thursday, the 19th ult., W. Burnham, M. D., Professor of Surgery and Obstetrics in the Worcester Medical Institution, performed one of the boldest and most important surgical operations ever attempted for the relief of suffering humanity. It was the removal of an ovarian tumor from the abdomen of a young lady residing in the town of Meriden, Ct. The patient, Miss Esther Elizabeth Curtis, aged twenty years, had been suffering from the affection, for three years past, and had been under the immediate professional care of Dr. H. A. Archer, of that place. The operation was commenced at 2 o'clock, P. M., and completed in thirty minutes. The tumor consisted of a sack, mostly filled with an albuminous fluid in a common cavity, but containing, also, a large number of hydatids or cysts separately filled with a similar fluid.

It originally proceeded from the left ovary, but involved the left fallopian tube and broad ligament of the uterus. It had formed, with the peritoneum, mainly in the right hypochondriac region, attachments so extensive and firm, as, in part, to require the use of the scalpel to effect a separation. The omentum, also, was implicated, so that a small portion of it was removed in the operation. The weight of the tumor, with its contents, was *fifty-two* pounds. The sack, which the Professor has presented to the Institution, may be seen by any person having the curiosity to visit the College museum.

In the operation, which was perfectly successful—every part of it being performed with the most consummate skill—the Professor was assisted by Dr. Ellsworth, of Hartford, Ct., a son of Ex-Governor Ellsworth, of that State. To effect the object, it became necessary to make an incision, of thirteen inches in length, into the abdominal cavity, extending from a point in the median line several inches above the umbilicus to the pubes. There were present on the occasion, (including the operator,) *sixteen* medical gentlemen and surgeons, resident in Connecticut, Massachusetts, and Maine, whom personal professional improvement and a regard for the interests of surgical science had drawn together; and, that they were amply compensated for their labor and expense, we cannot doubt, considering the character of the operation and the masterly skill of the surgeon, who, to say the least, has few equals in the country.

BOYLSTON MEDICAL SOCIETY OF HARVARD UNIVERSITY.

At a late meeting of the Society, the President, Dr. S. Cabot, being in the chair, the award of prizes for the present year was made by the Committee as follows: The first prize was given to Mr. John M. Brown, for an essay on "Cancer and its varieties." Of the two second prizes, the first was given to Mr. John E. Hathaway, for his essay on "A Comparative View of the Circulation in Man and the other Vertebrata." The other to Mr. Nathan H. Rice, for his essay on "Paracentesis."

BORAX IN EFFLORESCENCE ON THE FACE.—M. VANOE, in these cases of red spots, or efflorescence of the face, so often seen in the young otherwise in good health, states he has found washing them several times a day with Hufelane's formula, a most excellent remedy. It consists of borax two parts, orange-flower and rose-waters of each fifteen parts.—*Bull. de Therap.—Med. Times, Aug. 9, 1851, p. 160.*

CAUSE OF DR. J. K. RODGERS' DEATH.

A pamphlet addressed to the profession, has been written by Alex. E. Hosack, M.D., of New York, detailing a history of the disease of which the late distinguished and lamented John Kearney Rodgers, M.D., of New York, died. If the controversy that has been commenced, would restore to life again the subject of a misunderstanding between some medical practitioners of New York, it would be worth the while to continue it. Dr. Rodgers is dead, and now a grave question is agitated, of what disease did he die? Dr. Hosack, to our view, has given a plain, truthful narrative of the case, which would satisfy any reasonable man; but probably, in New York, as every where else, there are those who are never happy till they have made some body else quite miserable. One of the effectual methods of making trouble among gentlemen of professional eminence, is either directly or indirectly to accuse somebody of ignorance, or unfit for professional responsibilities. Dr. Hosack, we think, has been disturbed very unnecessarily by this mode of attack. From all that we can gather in reading the pamphlet, there is no evidence that there is any higher attainments of science in one party than in the other; nor is it at all probable that Dr. Rodgers would have recovered under the medications of those sage critics, who have it in their power to do more mischief with their reports than good with their prescriptions. Confidence in the medical profession is sufficiently shaken, to make it incumbent on all well wishers to the respectability of the craft, to uphold each other, by counsel and kind offices, instead of vilifying and underrating the qualifications of their neighbors. We care not who may dislike the freedom of these remarks, since we are conscious of being in the right, and shall avoid no opportunity of rebuking those who deviate from that high standard which contemplates the peace and prosperity of their brethren in the same responsible pursuits.—*Boston Medical & Surgical Journal.*

A WOMAN KILLED BY A QUACK.—A shoemaker who has been practicing at Leigh, bled a woman of the name of Brown so copiously, that she died soon afterwards. The coroner's jury rendered a verdict that "Deceased died from the effects of having been bled by a non-medical man," which is tantamount to manslaughter.—*London Lancet, February, 1852.*

CASE OF REDUCTION OF DISLOCATION OF FEMUR AFTER THE PLAN PROPOSED BY DR. REID.

BY A. BARNARD, M.D., OF ADRIAN, MICH.

In noticing an essay on Dislocation of the Femur on the Dorsum Ilii, delivered before the Monroe County Medical Society, in the August number of the Journal, by W. W. Reid, I was forcibly impressed with the plan as a good one. Having never met with a case of the kind, and withal dreading the idea of being called to one, I gave the article a close examination. But a few days since I was summoned to see Stephen Fowler, about three miles from our village, who was shoveling sand near the railroad. It caved from overhead, and buried him up. He was soon extricated and brought to the nearest house. By some means, probably by one corner of the shovel, the scrotum was lacerated, and let out one of the testes—a small affair compared to a luxation of the Femur and Dorsum Ilii, which I discovered on examination. I cannot say that I was in ecstasies exactly, neither obliged to him for giving me an opportunity to reduce it, because I was not quite so certain of succeeding as Dr. Reid. I called to my assistance Dr. Kimball, and on getting him under the influence of chloroform and ether (about a quarter part of the former to three-quarter parts of the latter,) made use of the manipulations suggested by Dr. Reid, and in thirty seconds succeeded in reducing it; then, indeed, we were in ecstasies. A more splendid improvement, in the reduction of dislocated femur, probably can never be.

[For the plan proposed by Dr. Reid, see page 273, of the September No. of the Journal.—Ed. *N. Y. Jour. Med.*]

THE CHOLERA OF 1848 IN RUSSIA.—The Minister of the Interior at St. Petersburg has just issued an official statement touching the cholera of 1848. From this document it appears that in the whole country 1,686,849 individuals were attacked by the disease, of whom 668,012 fell victims to the scourge. From observations appended, we learn:—1. That the epidemic in general spread from its focus to the surrounding country in the direction from east and south to the west and north. 2. In the spring of 1848 intermittent fever prevailed to a great extent over the whole of Russia, and presented, as had been the case in former years, that peculiar connexion with cholera which had been noticed before.

3. Besides this fever, stomach complaints were very frequent, and dysentery was always the precursor of the attack. 4. The cholera broke out in various localities, both spontaneously, and after the arrival of people who came from parts where the disease was reigning. In the first case, it was noticed that the meeting of many people, as at fairs, favored the developement of the epidemic. 5. The cholera made the greatest havoc in low, damp, and unsheltered districts, and did less harm wherever it had reigned before. Much heat and drought increased the severity of the epidemic, whilst the dampness of the air and rain diminished it, and sometimes arrested its development altogether. The sudden and unexpected changes took place during storms, and rapid transition from cold to warm, and during shifts in the direction of the wind.

ROYAL JENNERIAN AND LONDON VACCINE INSTITUTION.—On Friday, the 23d inst., the annual meeting of the subscribers to this institution took place at the Freemasons' Tavern; Mr. Ashurst in the chair. A report was presented, which stated that during the past year 7,800 persons had been vaccinated, making a total since the commencement of the institution amounting to 241,614. The number of 7,800 showed an increase of 400 over that of the preceding year. The necessity of the institution was rendered apparent by the frequent applications from places where the small-pox had suddenly broken out, and where, if there were no such institution in existence, the ravages of the disease would be dreadfully aggravated. All the benefits which had accrued from the institution had been realized at an expense not exceeding £310, and towards this sum the public had contributed £286 19s. 6d. The receipts for the year amounted to £327 1s. 5d., and the expenditure to £311 9s. 8d., leaving a balance of £15 11s. 9d. The report concluded by recommending the above facts to the notice of the government, with a view to uphold the cause of vaccination, as connected with the agency of the institution. The report was adopted; and some formal resolutions having been passed, the business terminated.

WATER GAS.—A contract was some time ago entered into with the patentee of the new discovery of "Water Gas," for lighting the streets, shops, and dwelling houses of Dunkeld. The necessary preparations have now been completed, and on Tuesday

evening, a preliminary trial was made in presence of the patentee, Dr. Miller, of Manchester, and other gentlemen interested in the gas manufacture, which are two important recommendations. The comparative cheapness of the gas is also an important element in the question, and the more so in a town of limited extent and trade such as this. The principle of the manufacture is, we believe, of the following nature:—Hydrogen is first extracted in a retort from pure water, and carried in the form of a flame to another retort in which the carbon is formed; and, combined, they are conveyed through a purifier, and thence to the gasometer. It has long been thought that were the principle of the water gas formation carried into that of locomotion by steam, a very valuable improvement might be obtained over the present expensive modes of propulsion by railway and steamer. —*Perth Courier*.

PART III. EDITORIAL.

NATIONAL ECLECTIC MEDICAL CONVENTION.

The next meeting of this association is to be held at Rochester, New York, on the second Tuesday of May next. We hope the friends of Eclecticism will not fail to turn out largely at this Convention. We would invite the special attention of the gentlemen who are on the following committees, and hope each member will feel the responsibility of his position, and give a systematic attention to the preparation of a report upon his subject. By a special resolution each member of the Committee was intended to act in his individual capacity, and make a full report in case there should not be a conference of the Committee.

CONSTITUTION OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION

For the purpose of more rapidly extending the principles of Medical Reform, as set forth in the address of the first National Eclectic Medical Convention, as well as promoting the knowledge and dissemination of all improvements in Medical science, and adopting all measures which may be considered necessary to forward the cause of Medical Reform, the members of this Convention adopt the following Constitution :

ARTICLE I.—This Society shall be known by the name of the “National Eclectic Medical Association.”

ART. II.—This Association shall be governed by the usual parliamentary rules, and shall have the power of adopting such measures, rules, and by-laws as may be deemed necessary and proper.

ART. III.—The officers of this Association shall consist of a President, two Vice-Presidents, two Recording Secretaries, two Corresponding Secretaries, and a Treasurer, who shall perform the usual duties appertaining to their respective offices, and who shall constitute the Executive Committee of the Association, for the general management of its affairs, and for the transaction of all business not delegated to special committees. These officers shall be elected by ballot, annually, at the first regular meeting of the Association.

ART. IV.—There shall also be committees of three, each, on the following branches of Medical Science, viz: on Theory and Practice; on Surgery; on Obstetrics; on Materia Medica, Medical Botany and Pharmacy; on Physiology; on Chemistry; and on Medical Statistics, who shall be appointed annually by the President of this Association, and who shall receive from the members of this Association, and from all friends of Medical Reform, on their respective branches, all interesting cases, discoveries, improvements, suggestions, and other useful matter in relation to Medical Reform, and who shall annually report the same to this Association.

ART. V.—The Association shall meet and hold their meetings annually at such time and place as may be appointed by a majority of the members present at any regular yearly meeting.

ART. VI.—No alteration, amendment, or addition can be made to this Constitution, except by a majority of two thirds of the members present at any regular yearly meeting.

A by-law was adopted to which we would call special attention, making it the duty of every member of the Association *to report himself, either in person or otherwise, to the President, at the annual meeting.* As it is highly important indeed, to procure the full reports of practice, contemplated by our Association, it is hoped that every member who has heretofore attended our meetings will make his report by letter or attend in person. It is also made the duty of every member to pay an annual contribution of one dollar, to defray the expenses of the society in publishing its documents, &c. The strict attention of the members to these two by-laws is required, and any one failing for two years to comply with these rules, is considered *no longer a member of the Association.*

OFFICERS OF THE
NATIONAL ECLECTIC MEDICAL ASSOCIATION.
For 1852-53.

PRESIDENT.

R. S. NEWTON, M.D., Cincinnati O.

VICE PRESIDENTS.

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J. BROWN, M.D., Alleghany City, Pa.

SECRETARIES.

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W. HENDERSON, M.D., Pittsburg, Pa.

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B. L. Hill, M.D.

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MATERIA MEDICA.

L. E. Jones, M.D.,

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William Payne, M.D.

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G. Ewing, M.D.

W. Henderson, M.D.

HYDROPATHY.

S. O. Gleason, M.D.

J. C. Jackson, M.D.

Levi Ruben, M.D.

MEDICAL LITERATURE AND TEXT BOOKS.

I. G. Jones, M.D.

J. S. Whitaker, M.D.

J. King, M.D.

J. Milton Sanders, M.D.

L. E. Jones, M.D.

W. Byrd Powell, M.D.

R. S. Newton, M.D.

S. Kyle, M.D.

P. C. Dolley, M.D.

COMP. MERITS OF DIFF. SYSTEMS.

W. Badger, M.D.,	G. Weiss, M.D.,
M. R. Tewkesbury, M.D.,	Dr. Preston,
J. B. Campbell, M.D.,	Z. Freeman, M.D.,
J. D. Skeers, M.D.,	S. Chase, M.D.

CHRONO-THERMALISM.

E. Cook, M.D.,	M. J. Wright, M.D.,
S. Black, M.D.,	W. C. Taylor, M.D.

HOMOEOPATHY.

J. R. Buchanan, M.D.,	J. W. Prowell, M.D.,
C. B. Robbins, M.D.,	B. L. Hill, M.D.

PREPARING AN ADDRESS FOR NEXT CONVENTION.

J. R. Buchanan, M.D.,	P. C. Dolley, M.D.,
C. B. Robbins, M.D.,	O. Davis, M.D.

THE NEW YORK ECLECTIC MEDICAL COLLEGE.—We are gratified at the reception of the act of the legislature of the State of New York, creating the "*New York Eclectic Medical College*." It is to be located in the city of New York, with full collegiate powers "for the promoting medical science, and instruction in this department of learning connected therewith."

THE CONVENTION.—We hope to see our Eastern brethren out in full force at the Rochester Convention on the second Monday of May next. It is desirable that it should be well attended as business of much importance will necessarily be brought before the Association, and it is also requested that parties who were not in attendance at the last Convention will be present at this, and thereby have their own interests and matters brought forward, as well as every subject of importance involving the interests of our cause. N.

THE ROYAL COLLEGE OF MEDICINE—LONDON.—Our readers will see from an article in this No. taken from the *London Lancet*, the questions to be answered by candidates for degrees in the Royal College of Physicians. Answering such simple questions gives an appendage to their names, (and if they are to be believed,) an advantage over the graduates of all other medical Colleges. N.

OUR FREE SCHOOL MOVEMENT.—We still urge our friends to circulate their subscription, for the purpose of raising the funds as contemplated, to extend the college edifice. N.

GRADUATES.—There were twenty-five graduates at the close of the winter session of the E. M. Institute.

There are about 90 students (March) attending the spring session. N.

THE ECLECTIC MEDICAL JOURNAL.

Vol. IV.

May, 1852.

No. 5.

PART I.—ORIGINAL COMMUNICATIONS.

PROF. J. KING'S INTRODUCTORY LECTURE,

*Delivered by request of the Class, on the evening of the 10th March,
in the Hall of the E. M. Institute.*

GENTLEMEN:

The age in which we live, is characterized by the rapid progress and extension of learning and civilization; and the knowledge which in former ages was confined exclusively to the closet and the cloister, or carefully and sacredly enwrapped in mystery and superstition, is now diffusing its rays of usefulness over the Christian world, and facilitating the march onward to the maximum degree of mental perfection. New discoveries and improvements in the arts and sciences are presented to our view, in almost an uninterrupted progression; hardly has a discovery as astonishing as it is useful to the human family overturned all preconceived ideas and prejudices, and effected a thorough change in our mental operations, than another is presented equally as wonderful and important, and it requires of the philosopher, great activity, untiring energy and perseverance, and unceasing watchfulness, to prevent him from becoming in a short space of time vastly behind the information of the day.

And though we perceive among us the remnants of that ignoble spirit which so blindly and obstinately repelled the sublime facts made known by Galileo—which endeavored to check the magnificent enterprise of a Columbus—which resisted with incessant hostility the brilliant and important discoveries of a Harvey,—and, which has, in fact, compelled all great truths, even from the earliest ages, to struggle and contest their progress, with unshrinking boldness and determination; yet, we have the gratification of knowing that this is ever the offspring of prejudice

and ignorance, confined to little minds alone; and must ever yield to the powerful and invincible force of truth, whenever such submission is imperiously demanded.

In the present age we discover manifested a greater disposition to an acquaintance with facts; and the candid and enquiring mind is led in the true spirit of philosophy, to investigate every novel discovery with impartiality and thoroughness, and to select that alone, which is found to accord with reason and truth.

This may be considered as one great cause of the onward and prompt advance of all the sciences, save that of medicine. They, untrammelled and unprotected by legislative enactments—confiding their advancement, solely on the truth or falsity existing in them; courted the severest disquisition, and not confined to a select few and kept from the many, but free and open to all; have made such astounding and invaluable additions to the knowledge and power of the human race, as might lead us to believe, that the mind of man is unlimited.

But how opposite has been the result with regard to the science of medicine! Clothed in mystery, and rendered unintelligible to all but the favored few; shrinking from the inspection of even the superficial enquirer, and sheltering herself securely under the wings of legislative partiality, her advancement has been greatly retarded, and, but for the efforts of some talented and fearlessly enquiring minds, who have dared to rend the chains of medical despotism and oppression, by exhibiting sufficient courage and independence to examine for themselves, and make the results known to the world, notwithstanding ridicule, slander, and persecution,—the Theory and Practice of medicine would have been at the present time nearly the same as in the days of Paracelsus; and the multitude would have been unable to judge for themselves, and choose the right from the wrong.

But, thanks to those noble spirits, who, throwing aside the execrable yoke of despotism under which the mental and physical existence of man had been groaning for ages, dared to think,—to will—to execute,—and to effect for themselves and their posterity, that political liberty which we now enjoy; we say, thanks to them, a scene of a different character is now presented; in accomplishing their results they achieved the greatest blessing for their fellow-creatures; they planted the germ of truth, liberality, and forbearance, and which, although it has only sprouted and blossomed, is destined to develop itself into a tree, whose branches will shelter and protect all the nations of the earth. In the science of medicine only, has the germ delayed its period of shooting forth, the soil has been less cultivated, and the laborers have been few, with a great array of dignified idlers; yet happily for mankind, it has taken deep root; the spirit of investigation has entered the medical world; the despotic talisman, “high au-

thority," has lost its magic influence, and *error* is now fearlessly combatted without regard to its source, or to the numbers of those who madly cling to it with an obstinacy worthy a better cause.

The errors, inconsistencies, and absurdities of Paracelsianism, or Hunkerism, at this day, when the mind may think freely, and the tongue as freely utter the conclusions which the mind has determined, have been pointed out, to the medical world; and the various investigations pursued in it several divisions, have resulted in new medical sects, as Homœopathic, Chrono-Thermal, Hydropathic, Physio-pathic, Eclectic, and a few others, each sect denouncing the old Allopathic system as being fraught with many useless and dangerous theories and measures. That system of medical practice termed Eclectic, is the one which we pursue, and which is about being taught to you in the Halls of our College, and, if I have rightly interpreted your wishes, as expressed through your committee to me, a few remarks on Eclecticism will be approbated.

To enter into a full and minute investigation of the Eclectic system of medicine, within the limits of one short address, is an impossibility; indeed, this will be presented to you during the present session by your professors in the various departments. I will therefore, call your attention to a brief explanation of Eclecticism, and of its advantages over other medical systems. The subject may be divided into the following considerations, viz; Eclecticism, in reference to other medical systems—Eclecticism, in regard to itself—Eclecticism, in relation to society.

1. Eclecticism in reference to other systems. The word Eclectic is defined as choosing or selecting from various systems such principles and opinions as are considered *sound* and *rational*. Certainly, there can be no plausible objection to the word, with this application, when applied to the science of medicine or any other science, for if rightly carried out, a vast amount of benefit must necessarily accrue to the human family. However, this is not our application of the word as employed to distinguish our medical system from the systems of others; we understand by the Eclectic system of medicine, one based upon certain principles and theories especially peculiar to itself, at the same time maintaining, as a *right* and as a *duty*, the freedom of adopting all that is considered beneficial in other systems, and of rejecting whatever is found to be evil. In reality, this is the true foundation of all science. Science, is a *collection* and *comprehension* of *truths*; and as on any one subject there can exist but *one* truth, so can there be but *one* science. We have but one science of chemistry, but one science of astronomy, but one science of botany, mineralogy, &c., and all these sciences are founded upon truths which have been gathered from various sources. All science, is, therefore, Eclectic,—for *theorize* as we will, or believe as we may,—*error* is always compelled to submit to the omnipotent power of truth, whatever may be the origin of its emanation

There is also but one science of medicine, and notwithstanding it may be divided and subdivided into sects and parties, still the *true* medical system must from the very nature of things, be that which collects facts based upon experience and observation—Eclectic.

Can we be led to believe that the true system of medicine is that which has for over 300 years, maintained the principle, that although various valuable discoveries have been made in medicine, yet the lancet, opium, and mercury, with their consequent destructive results, rank superior,—and which persecutes all those who will not blindly acknowledge this absurd idea as a sacred and eternal truth?

Or, can we believe it to exist in that system which obstinately adheres to the assertion, that by the millionth part of an atom of some or any medical substance, the constitution of man is to be renovated, and purified from disease?

Or, can we believe it to exist in *any* system, which, after having reared a splendid superstructure upon a tottering foundation, closes all the avenues which might inform the intelligence of other truths, and with the illiberal spirit of despotism, ostracises all who dare to dream beyond its temple of imagined perfection?

No, it is an impossibility for the courageous, unprejudiced, and independent mind, to bow to any one of these as the true science of medicine; it must be sought where it can be found, among those who are truly Eclectic.

We, therefore, *claim* to be Eclectic, among other reasons, because we reject, more especially, the well known evils of other systems, and adopt that portion of *their* good, which we have demonstrated to be better than our own. I shall in this discourse more particularly refer to the evils just spoken of, among which I will briefly allude to the indiscriminate, and often culpable operations, which are so frequently taught and practised in the Allopathic schools, and to which, we object most strongly.

Our principles of Surgery, are to save, not maim, nor mutilate; to effect cures in every possible instance without the use of the knife, and without a sinful desire to display our operative skill by depriving a fellow creature of a limb, in order to gain popular fame and approbation. True, there are many instances where an operation is imperatively called for, and to perform which, gentlemen, whenever they present, it is your *duty*, as well as your *interest* to fully qualify yourselves; and may you never be classed with those half-fledged doctors manufactured by some colleges, to sport and trifle with the health and lives of their afflicted fellow creatures.

But, though we will frequently have cases presented to us where it would be unpardonable ignorance to delay an operation; yet there are many forms of surgical disease, in which, while Allopathy astonishes and bedazzles the world with its skilful and bril-

liant, but unfortunately, very often, unsuccessful operations, Eclecticism humbly cures by the most simple means, and thus fails to secure the encomiums of the public.

In obstetrics, we allow nature to perform her own work, and object to the presumptuous interference that would thwart her kind intentions, and thus destroy the health, and perhaps the life of a being, to whom on such occasions, we ought to become doubly bound by the dearest and most sacred bonds of sympathy and regard; recommending *art*, only when *nature* is perplexed, prevented, or inadequate to continue the grand work which she has commenced.

But the most essential difference between Eclecticism and Allopathy, is in the means employed for the cure of disease. While for this purpose, they rely almost exclusively upon the lancet and mercury, we, knowing them to be evils, proscribe them entirely, and make use of agents and means, the utility of which, facts and experience have given ample demonstration. And we denounce them as remedial agents, because they are violent in their effects and unnatural, because they are very frequently incapable of fulfilling the indications for which they are recommended, because they injure the human constitution, often leaving within it the seeds of an incurable disorder, and because we have other and better remedies, simple and more natural, fully capable of meeting all indications, and leaving no evil after consequences engrafted upon the system.

It is unnecessary, here, to refer to the many statements of the most eminent Allopathic writers for testimony in corroboration of our views in relation to these agents; and who admit that bleeding occasions a great proportion of the fatal cases of infancy; that it produces a disease simulating dropsy of the head; that it causes chronic disease, nervousness, dizziness, debility, faintings, convulsions, epilepsy, apoplexy, dropsical affections, and even death; and that mercury paralyses muscular action, rendering the limbs feeble, the hand tremulous, the countenance sallow, the gums spongy, and the teeth gone, that it increases the severity and danger of febrile diseases, and permanently fastens chronic affections upon the system, often hastening the patient to the tomb.

I say it is unnecessary to harrow your feelings by quotations from these authors, given in language calculated to make the stoutest heart quail, and the most stubborn eye, weep; you will meet with them sufficiently often during your medical studies, and may you prove so fortunate as to have them fall under observation in your reading alone,—that you may not experience the frightful and heart-rending sights which your speaker has unfortunately witnessed, where, in many instances, from the effects of mercurial action, the whole of the lips, cheeks, eyes, ear, and portion of the scalp have sloughed off, exposing the

whole of the bony structure, and presenting the horrible and ghastly spectacle of a living skull. Words are inadequate to express the painful and sickening sensations produced by such fearful and melancholy appearances; and I will leave them here, having no delight nor interest in a recital of them.

Were the Eclectic system of practice only *EQUAL* in point of *success* to that of Allopathy, the simple fact, that it entailed no disease whatever upon the organic system, that it caused no excruciating pains, no incurable diseases; that limbs were never lost by it, nor patients made halt, lame, or blind; would be sufficient reason for us to adhere to it, even as tenaciously as we now do, knowing it to be in every other respect, immensely superior.

In addition to the lancet and mercury, which effect such disastrous consequences to the human family, we likewise denounce as remedial agents, other articles introduced into the *Materia Medica* of the old school, which are equally as unsafe, uncertain and dangerous, and in proof of which, we have the fullest testimony of the most celebrated Allopathic authors and professors. We refer more especially to tartar emetic and other, antimonial preparations, arsenic, compounds of lead, and other metallic articles, which exert a permanent injury upon the system, and which are so highly recommended, and so often prescribed at the present day.

For these pernicious and health-destroying agents, we, as a general rule, substitute medicinal plants,—and, in addition to which, our peculiar treatment enables us to thoroughly and permanently cure many diseases, which Allopathics pronounce incurable, and which, for ages, have been termed the “opprobrium of the profession,”—among which may be named cancers, fungus-hematodes, lupus, ulcers, several forms of scrofula, of dropsy, of hepatic disease, and of derangements of the nervous system. In pneumonia, scarlatina, and typhoid fever, diseases which, under their treatment, usually prove exceedingly fatal, we find our measures tend to a rapid restoration to health almost universally, and it is rare to find a death from them, where Eclectic means have been pursued throughout.

In the treatment of acute forms of disease generally, the principles and practice adopted by Eclectics, effect speedy convalescence, without the prostration usually following the old mercurial course, and without the risk of developing future incurable chronic affections;—and the difference in the results of treatment in these diseases, between the two schools gives, as far as has been ascertained, a ratio of at least 40 per cent. in our favor.

In the diseases of women, which, unfortunately, are so very common in this Western section of country, if I may be allowed to judge of the success of other Eclectic physicians by my own,

I can most unhesitatingly assert, that there is no medical sect now in existence, who are as successful in their treatment of these distressing diseases, as Eclectics, by fifty per cent.

In tetanus and hydrophobia, two forms of disease in which Allopathic measures prove almost uniformly fatal; and, indeed, which are considered as being absolutely beyond the power of human aid, our treatment has, thus far, resulted in a success unknown in the scientific world.

Many other forms of disease might be named, in the treatment of which Paracelsianism has been generally unsuccessful, and in which the results are in favor of Eclecticism, by a difference of from 30 to 50 per cent.; but it is unnecessary to proceed any further, as you will derive a thorough knowledge of them during the course, and in a manner more minute and satisfactory than can be expected in the brief limits of a single address.

In relation to Homœopathy, it is a fact, well-known to every experienced practitioner, that about two-thirds of the common diseases of the day, can be cured by dispensing with drugs, and substituting in their stead, a correct regimen and diet. It is in these cases that Homœopathy is found successful, and to which it owes its popularity among a certain class in society. But, when a disease is presented, in which a course of active treatment is absolutely required, this trifling medication is found to fail in effecting any good results; and, if the Homœopathic practitioner confines himself to the ethereal reflection of medicines—the infinitesimal doses—he inevitably loses his patient, either by death, or by having him placed under the care of some other practitioner. Many, very many cases, have come under my observation, in which, after Homœopathy had exerted all its infinitesimal skill and judgment, Eclecticism has been invited to give its aid, which has resulted in a speedy relief. And if all such instances, which may have fallen under the notice of various practitioners could be collected together into one mass, there is no doubt that evidence could be gleaned from them, sufficient to condemn this system as a *true* medical platform.

Yet, we must admit, that there has been no medical sect presented to the world, however imperfect it may have been, or is, in the aggregate, but in which some truths and advantages have existed. This is the case with Homœopathy—to which we are indebted not only for a knowledge of several useful agents—their therapeutic actions and applications, but it has likewise exerted an *influence* upon the ancient mode of drugging with enormous doses of active medicines,—much to the injury or discomfort of the patient—which has materially lessened the quantities of these agents in the treatment of disease, by nearly all classes of practitioners; though not to the extent of intangibility.

We strenuously oppose, however, their arsenical and mercurial agents, even when administered in spiritual doses,—indeed, there

are on record, several well marked cases of salivation from the Homœopathic use of mercurials,—though we suspect, infinitesimality, in these was not absolutely regarded.

Homœopathy, Chrono-Thermalism, Physio-pathy, and some other sects, all claim to be improvements upon the old Allopathic system, and though they *may, perhaps*, be preferable to this system, yet we object to them on account of their exclusivism, which would fetter the mind to certain fixed theories, whether right or wrong, instead of allowing it to roam in the field of close observation, and collect and classify truths as fast as presented. To be a physician in the true sense, the mind must be unrestrained, and not warped by prejudice; there must be a freedom of choosing and selecting such medical views, and such remedial agents, without regard to theory, or devotedness to party, as have been fully demonstrated by facts and experience, to be the most in accordance with nature, and the most effectual in restoring to health. Such a course is not permitted among the followers of these several medical parties—they are not allowed the advantages of valuable discoveries or improvements, which may be made by those who are exercising their intellects beyond the prescribed limits of sectarian doctrines—or should one of their adherents venture to rend the chains of mental despotism which bind him to party, the indignation, the slander, and the ridicule of all his professional brethren, are at once levelled at him, to bring him to yield allegiance to their opinions and prejudices, or to effect his exile from the field of medical science.

This, however, is not the case with Eclecticism, unlike all sects in medicine, it admits free investigation upon all matters pertaining to the science; it does not hesitate to adopt whatever is found valuable, without regard to its origin; it combats error, and supports truth, and enslaves the mind to no one-sided opinions; and, if our friends prefer leaving our ranks to unite with some other party, although we may deeply regret such procedure, yet we aim no venomous shafts to destroy them; still we prefer that such change should be made openly and honorably, without fear or dissimulation.

Eclecticism widely differs from other systems, and especially from Allopathy, in its liberality and forbearance towards all who entertain opposite views and opinions. Eclectic students, instead of being taught to limit their thoughts and investigations within circumscribed bounds or rules, regardless of their correctness or falsity—the usual course pursued in medical teachings—are trained to cultivate and maintain the utmost freedom of mental action; to listen with patience and respect to the views and opinions of others, no matter how seriously they may conflict with their own; to test their truthfulness, and adopt them, if good; or, if bad, to pass them by, without regard to theories, pre-conceptions, sects, interests, popular favor, or any thing, save a knowledge of truth, and truth alone.

Thus, like the industrious bee, we do not confine ourselves to the circumference of our own hive, as though Heaven had specially favored us with all truth and knowledge in medical matters, to the exclusion of all others; but, knowing that they exist every where, however obscured they may be by error and ignorance, we roam abroad, and carefully gathering them, prepare from them the cera and honey, which adds strength and beauty to our Medical Reform.

Such being the fact, Eclecticism, in reference to other medical systems, must undoubtedly rank as the one and only true system of medicine; and we believe the time is approaching when all other sects will merge into Eclecticism, which will then reign undisputed over the medical world as long as it opposes error, vindicates truth, and admits of free and unbiassed investigation.

2. Eclecticism in regard to itself. By many individuals, and, indeed, by some, who must undoubtedly have had a more thorough acquaintance with the facts, a disposition has been evinced to depreciate our system of medical practice, by representing it as one possessing no merits of its own, but as being based entirely upon materials collected from other systems; this, however, is not true,—and it must be borne in mind, that the title Eclectic was assumed, *not* as designating the therapeutic theory of our system, but, as especially indicating the liberal principles already alluded to, of free and impartial investigation. Instead of having no inherent truths, or fixed principles of regulation, we find the very reverse to be the case. The first and leading principle, and which is found in no other medical system extant is, to discard all those remedial agents, which, after having fulfilled desired indications, continue to exert a pernicious influence upon the system, substituting in their stead, all those simple measures which experience has amply demonstrated to be safe, salutary, and in accordance with the recognized laws of the human constitution.

This one principle *alone*, is of the utmost importance to science and to society; it reveals a desire for truth, conjoined with a laudable regard for the best interests of the afflicted; it places Eclecticism pre-eminently above all other systems; and must ultimately contribute in obtaining the confidence of every candid and unprepossessed mind.

Independent of the views gathered from other sources, and received into our system, we have, in the treatment of disease, not only original, and as we conceive them, correct *theories*, but also original and peculiar methods of *management*, and *selections* of remedies. In relation to febrile diseases, inflammatory attacks, spasmodic, nervous, and arthritic affections, it will be ascertained during the session, not only that we essentially differ, in many instances, from the opinions usually held among the

various medical sects concerning these diseases, but that our doctrines are *sui generis* to Eclecticism, and are to be learned in no other school whatever. It is upon these doctrines that we have established treatment adapted to each form of disease, and which a minute research, and a hitherto unrivalled success, have proved to be in every way worthy our entire reliance.

The treatment which we have thus founded, varies from that of other sects, both in respect to the indications to be fulfilled, in order to overcome abnormal influences, as well as in the employment of the medicinal articles prescribed to insure the desired results; those of you, who have already attended a course of lectures in our Institution, are well aware that in the treatment of febrile and inflammatory affections, the course recommended is entirely unlike that pursued by Allopathists, Homœopathists, Chrono-Thermalists, or others, and, therefore, cannot have been selected from either, but must of necessity have been original with, and essential to our own peculiar system. True, there are many diseases, in which the only difference of treatment is in the character of the remedies, and their application and doses; but, in the aggregate, and considered in the light of a distinct system, there is a well defined line of demarcation between Eclecticism and other medical parties, sufficiently palpable, not to be mistaken for, nor confounded with them.

It is not only in the peculiar theories and treatment of disease that we recognize Eclecticism as an original and distinct system, but also in the useful and astonishing discoveries effected by it, and which, when we consider the limited period of its existence in comparison with that of other systems, are unparalleled in the records of medical history. The spirit of enquiry to which it gives birth, has effected a knowledge of many invaluable agents never before known or recognized in medicine,—and those which were pronounced inert by a sect devoted to the lancet and mercury, have undergone new analyses, and have been found active and efficacious. And were we, at this time, to divest ourselves of all theory, treatment, and remedies, save those original with Eclecticism, we would have ample means to treat all human afflictions, with peerless success and safety.

One great objection, and I believe the only one, formerly urged by patients against our practice, was in relation to the large quantities of crude medicinal substances which was administered to them during an attack of illness. For a long time, this was an almost insurmountable obstacle to the rapid progress of our cause, but the discovery of the concentrated remedies has completely obviated this difficulty, and has given a new impulse to Eclecticism. We are now enabled to combat disease with an almost unerring degree of success, and as our doses, although not infinitesimal, are yet very small, patients are pleased with the change, and no farther murmurings are heard.

The credit of discovering and introducing the active or concentrated principles of indigenous medicinal plants, justly belongs to the Eclectic school, notwithstanding they are employed and claimed by others. And the disposition to the investigation and manufacture of these concentrations, which is now manifested throughout the whole country by various sects, commenced only after several of our preparations had become established as valuable and important agents.

With Podophyllin and Leptandrin, in the treatment of those diseases in which Allopathists *insist* that mercury in some form *must* be employed,—permanent and speedy cures are effected, and the practitioner can now bid defiance to calomel, blue pill, and the whole array of mercurial preparations. Indeed, so efficacious have these agents been found, that not only are Homœopaths, employing them, but still more strange, hundreds of Allopathic practitioners who have satisfactorily tested them, are already using them successfully in practice, instead of their favorite poison—mercury. And it is so evident to intelligent Allopathists that society will require them to use these articles in their profession, that a disposition is manifested to deny the right of discovery to any but themselves. However, as we are aware of their usual course in similar matters, and their extreme aversion to any indebtedness to heterodoxy, we only smile at their efforts, and feel sufficiently recompensed to have placed valuable remedies within their reach, even though they award to us no just credit.

It will be seen, therefore, that the intrinsic characters of Eclecticism, to which such very brief reference has been made,—and which stand out in bold relief, notwithstanding the despicable clamors raised by ignorance and for the purpose of obscuring them,—entitle it to rank as a *thorough* medical system,—one, which from its doctrines and teachings, *independent* of any extraneous aid, must necessarily arrive nearer perfection than those which are wedded to their one-sided views and prejudices.—Truth, simplicity and success, form the corner stone of our cause.

It is but a few years since, that all medical systems and practice, no matter how valuable or successful they were, if not in accordance with the despotic principles of Allopathy, were branded with the terms quackery, empiricism, &c., and every effort was made to render them disgraceful and contemptible in the estimation of all respectable classes of society. Nor, unfortunately for the afflicted, has the influence of such exertions wholly forsaken the community even at the present day, for many, very many are to be found, possessing such a devotion to exclusivism, and such a horror of liberalism, as to prefer death from Hunkerism, to health and life from rational treatment.

Indeed, but a comparatively short time has elapsed, since, even in our own republican country, those who were found pursuing

any but the authorized system of medicine, who dared to exercise the freeman's prerogative, were subjected to a heavy fine, and in some instances torn from their families, and rudely thrust within the walls of a prison, from which they returned only to meet the ridicule and contumely of their medically enslaved citizens and neighbors. These are but faint out-lines of the spirit which has actuated the followers of the great aristocratic Allopathy, from the days of its founder, the miserable debauchee, Paracelsus. We will not assert that they are still animated by this disposition, because they are loud in their professions of liberality, philanthropy and reform, and we trust that they really possess them though, as yet we have not met with a display of any one of them among their ranks.

No change was effected in the unjust and tyrannical laws, upon which such outrageous customs were based, until Eclecticism, breathed its placid and catholic spirit over the community, and by powerful and determined efforts, and notwithstanding the torrents of slander and abuse heaped upon it by its opponents, produced such a revolution in the public mind, in regard to matters where life and health are concerned, as have made the throne of Allopathy tremble from its centre to its circumference.

Of the merits of a system which has wrought such commendable results, we may judge from the fact, that notwithstanding the foulest slanders, the grossest misrepresentations, and the most obstinate opposition and persecution have been brought to bear against it, to bring it, if possible, into disrepute, it has, in the astonishing short period of twenty years, completely revolutionized medical science,—has brought peace, happiness, and health to thousands of families,—and now claims among its friends and adherents, the majority of our fellow countrymen;—a success, depending entirely upon the inherent truth and utility of the system.

The impulse thus given to correct medical investigations, has been such, that, as already remarked, improvements and discoveries in our materia medica's and treatment have been made, of an astounding and highly beneficial nature, far outstripping the original;—and Eclecticism as it now exists, improved by experience and untiring observation, would hardly be known as the infant of some twenty years since, which was struggling into notice. In many of its principles, and especially in the treatment of disease, vast improvements have been effected, and diseases in which even Eclectics failed, or in which, from an imperfect knowledge of the therapeutic influences of medicinal plants, they were compelled, much against their views and inclinations to employ minerals, can now be speedily and permanently cured, without the administration of a single particle of any known deleterious mineral preparation whatever; and the cry raised by our opponents, that we "administer mercury and other mineral poisons," is as false as it is malicious.

Viewing it, therefore, as an original system, possessing its own particular theories, principles, and modes of treatment, and which have thus far proved to be correct and unusually successful—teaching and maintaining the utmost liberality and freedom in medical investigations, and hesitating not to receive and gather truths from other sources—we must necessarily be led to admit, that Eclecticism, both in reference to other systems, and in regard to itself, is indeed, the only true system of medical science.

3. The next consideration is, Eclecticism in relation to society; or, what are the advantages which society can obtain from it, beyond those to be derived from any other system? A reply to this question will almost amount to a repetition of our previous remarks.

The preservation of health and of life is vitally important to the happiness and best interests of society, and, in former ages, the knowledge of whatever would tend to these results, was held in such sacred estimation as to constitute an essential portion of religion, and was entrusted wholly to the care of priests, by whom it was enveloped in heathenish superstition and mystery. But, as mankind became more enlightened, the vocations of priest and physician, united in one person, were not found compatible, as the spiritual had to be neglected while the physical was being attended to, or the physical suffered in its turn by the attention bestowed upon the spiritual. This, with other causes, served to separate the practice of medicine from that of religion, and place it in the hands of those who could exclusively devote their energies to it.

Tainted with the spirit of mystery which the priests had thrown around the healing art, and not being able to perpetuate the mystery without some authorization, the assistance of government was obtained to enact laws compelling the people to employ as physicians, those only who were legally authorized to prescribe and administer such nauseous drugs and compounds, as in their judgments or caprices might be deemed advisable. The result of such proceedings were soon manifested,—active investigation in medical matters ceased: speculative theories were advanced and supported, to be in turn supplanted by others equally as visionary,—and the whole medical profession settled down into a listless belief, that the lancet, mercury and opium, were the true specifics for the major part of human afflictions, and a contrary opinion was held and punished as the worst species of heresy.—And though a few useful discoveries were occasionally made by some energetic and daring minds, yet the whole profession was filled with pride and dignified idleness.

This condition of things could not last very long,—the evils and sufferings entailed upon society by errors in the theory and in the practice of medicine, as well as from the deleterious agents employed, gradually convinced enquirers after truth, that legisla-

tive bodies could not enchain science, nor render it submissive to their arrogant dictates,—and that as in other sciences, so in medicine, close and untrammelled observation was highly necessary to its progress and perfection. As soon as this truth became recognized, the orthodox giant, Allopathy, found itself opposed in its hitherto, unchecked career, by several new systems, each claiming to be safer, more successful, and consequently entitled to more confidence, than either of the others. Among them, Eclecticism advanced its claims, and society has recognized them to be just and true.

What then are the advantages which society can obtain from Eclecticism, beyond those to be derived from any other system?

The reply is,—it asserts and maintains that all agents which exert deleterious influences on the human constitution should be excluded from our *materia medica's*, and only those retained which are known to be consistent with health and longevity and without any evil consequences. In this principle, society have a guarantee that no loathsome nor painful diseases will be permanently entailed upon them, and which alone is sufficient to merit their fullest confidence.

But aside from all its other advantages, which have been already referred to—that of Eclectic liberality—a feature so entirely at variance with all other systems of medicine, which provides for the admission of all recognized truths, and the rejection of all known evils,—presents a claim to society, much more potent, and more closely allied to their dearest interests than the combined claims of all the other systems.

Facts and discoveries of paramount importance to the welfare of society, but which are opposed to the exclusivism or dogmatism of these systems, must necessarily be rejected by them, without regard to the injury or inconvenience to the public,—while, on the contrary, Eclecticism is morally bound to receive and adopt every medical truth which a rigorous trial has demonstrated to be of value and utility.

It has been stated by Allopathists, “that society, no matter how high its character may be for general intelligence, cannot, in relation to medical improvements, be supposed to apprehend the full force of arguments upon theories and principles of medical practice, and consequently their views or sympathies on these subjects should be disregarded.”

This however, is not our opinion,—we consider the cause of Medical Reform, emphatically the cause of the people, individually and collectively—it is the cause of physical happiness, and the cause of humanity. True, community may not be intimately versed in the various theories and departments necessary to constitute an able physician, or a proper system of medicine, nor is it necessary that such should be the case; all they require is to ascertain the *results* of the practice based upon any set of opin-

ions or facts. An intimate knowledge of all the departments of medicine is not essential in order to become acquainted with the system which effects in the most speedy manner the largest amount of cures; they can readily determine this, as well as the beneficial or pernicious tendencies of medicinal agents upon their own constitutions as well as their friends, by *common observation*. We do not ask, nor expect them to devote their time to a scientific investigation of the various systems of medicine, in order to determine the truthfulness of any; but we do ask, and fully expect, that, if not for the benefit of science, at least for their own protection, they will be carefully cognizant of the effects resulting from each. And such observation, will, in our humble opinion, discover that Eclecticism, in all its various relations, is closely interwoven with the very life and soul of society.

In concluding this subject, I am aware that more might have been said in regard to it, and I feel that it has received, but feeble justice from these brief and hasty remarks, so loosely thrown together, yet I shall not enter into any explanation of causes as an apology, it is unnecessary. But I trust, that as you have selected this school for your Alma-mater, you will appreciate the heavy responsibilities resting upon you, and will cheerfully practice such diligence and application in your studies, as will be found indispensably requisite to render you thorough, skilful, and successful Eclectic practitioners.

The presence of the ladies before me, a compliment which demands my grateful recognition, recalls to mind the high estimation in which they have ever held our noble profession. In the success of our cause they have always manifested a lively interest, for upon it, and the qualifications of its disciples, very of ten depend not only their own safety in perilous and trying seasons, but oftener still, the health and lives of those dearer to them than life itself. And it affords to the professional man the most unalloyed pleasure, whenever he has succeeded in restoring some loved one to the fond embrace of a mother, daughter, wife, or sister, even when the last spark of life was nigh extinguished, and despair was casting its dark and sombre shadows over some daughter of sorrow. Then, when despondency yields to hope, and certainty removes doubt, and the bosom heaves tumultuously with joy and thankfulness, the successful physician is honored and welcomed by the plentitude of woman's heart, which, when disclosed by her smiles of affection, and tears of joy, presents a scene, and gives rise to emotions, which even an angel might envy.

In sickness, or on the bed of death, who watches over us with more care and solicitude, than the mother? Whose words of sympathy cheer and comfort us, and sustain us in affliction; or who smooths the sick pillow, or relieves the aching brain so well as the fair hand of woman, giving to the sensitive mind, impressions

which can never be effaced by the finger of time, and the remembrance of which calls up the most pleasing and grateful associations. Through her influence, the hour of trial and suffering is made to pass as a shadow—misfortunes become like golden sunshine,—and the pangs of adversity yield to her smiles and affection.

Heaven has endowed woman with a purity of nature, with a gracefulness of manner, and with a sensibility of feeling, which diffuses over everything around her a hue of its own nature. It is, therefore, in her society that we must expect to derive those lessons of morality, gracefulness of decorum, and rectitude of bearing, so indispensable to the educated physician. It is she, who is destined by an allwise Creator, as the refiner of the sterner sex, mellowing down the asperities of his rough nature, and polishing it to the standard of elegance and refinement.

ECLECTICISM AND HOMŒOPATHY.

BY W. PAINE, M.D., WARREN, O.

In accordance with the spirit of Eclecticism, to investigate all things, and to hold fast to that which is good, I have been testing the merits of Homœopathy in curing diseases, and here is the result of my experiments:—Of ten cases of pneumonia, five of which were treated according to the principles as taught in the Eclectic Medical Institute of Cincinnati, and five according to the best approved authority of Homœopathy. The average duration of the cases treated homœopathically, was fourteen days, with slow convalescence, and in two cases, there is a sequel of the disease which threatens to degenerate into tuberculous diseases of the lungs.

The five treated Eclectically were convalescent on the average on the 5th day, and previous to the 14th, they were entirely recovered, and to all appearance with a sound condition of the lungs. Of the number treated six were adults, and four children, and for general vigor of constitution and other circumstances, I made as impartial a division as I could, for I commenced the experiment for the sole purpose of testing the fact whether there was any one exclusive system of practice more successful, than an appropriate selection from them all. For if Homœopathy is the only pathy, and infinitesimal doses, the only appropriate doses to be administered to the sick, let us have them and abandon all other pathies, and modes of medication; but it is a fact that Hydropathy, Allopathy, Physopathy, and Homœopathy, will all cure diseases; it is in accordance with my experience that by

sifting them all over, and then by a thorough washing with Hydropathy we will find some precious metal, not gold; but something far more valuable; a scientific Eclectic Practice of medicine.

I have practiced medicine according to the principles of Eclecticism, six years. The three first years of my practice was more of an Allopathic character, the number of cases treated per annum, was 1,095 making in the whole 9,855 including the cases treated by myself and partner, Dr. T. G. Hoxton. Loss in all has been twenty-four cases. To my certain knowledge, exclusivism in all its different forms, has more than doubled this mortality.

MARCH, 1852.

HINTS ON MEDICAL PHILOSOPHY.

J. W. HOYT, M.D.

Faith is absolutely essential to man's happiness; and the declaration that an innate longing after rest is the great prime controlling force, which ever prompts the human to restless activity, is the expression of a principle in man as universal as the love of truth,—and one which lies in every relation that he sustains whether to the extrinsic or to the world within. According to the theory of "universal antagonism"—which sprung very naturally from a principle that seems to pervade all nature—light and darkness, truth and error, good and evil are by necessity constantly opposing forces. To justly discriminate between truth and error, and to seize upon the one and avoid the other, may, therefore be said to be the final causes of human perception, reason, and moral power. And as truth like an angel of light and mercy, is abroad everywhere, the mind that would retain the imprint of every footfall, must not only be duly impressible, but expand itself to the utmost limits of the human capacity. With reference to this aim, the point of departure is the recognition of the great primary truth, that all things, whether material or immaterial, animate or inanimate, exist and operate in accordance with laws which are ever uniform and harmonious. To thoroughly and *practically* appreciate this truth, requires no little effort; for there is ever a liability even in the well disciplined mind, to mistake fluctuation and change for disorder and uncertainty—forgetful of the truth, that the laws of nature, as well as the more direct laws of God, are more the less certain for being in some instances unknown. In physical science to which we propose to confine our attention, overwhelming evidences of the truth of the above declaration, and accumulating with wonderful rapidity: until judging from the

past, we may safely predict, that the time is not far distant, when we may foreknow the movements of the wind and clouds, and the seeing and vibration of events, with as much certainty as at present, an eclipse of the sun or moon—and that the whirlwind and the tempest—the laws in accordance with which they arise and operate, established with mathematical certainty—will ere long be written in a book and studied by diagrams, indeed, all material existence is but the developement of law.

The importance of these general considerations cannot be too strongly impressed on the mind of every student of whatever science: for although a one ideaism may tend to a more rapid developement in a particular line of investigation, yet so intimate is the relation which all the various departments bear one to another, that, if we would avoid over reaching, and gain a *correct* knowledge of the whole, or of its individual parts, the view must be general and comprehensive, and the developement of all contemporaneous. Narrow and restricted observations—the mistaking a subordinate for a general law, or a portion of truth for the whole truth, contract the mind, completely arrest, or at least, retard the spirit of progressive investigation, establish the habit of selfish, one-sided views, and blind the soul to a multitude of beauties around it. I am aware that there is a necessity in the mind for a temporary resting place—some ark to which, after its protracted flight over the deluge of unstable thought, it may return and rest its weary wing; but we should carefully avoid mistaking this bideless floating rest for a permanent one, and never satisfied with present developements, Noah-like, be ever looking out for some enduring Ararat on which to build a true science. With such a resolution we may promise ourselves abundant success; for as the assurance of a final heavenly rest throws over the decay and destruction of things a mantle of glorious light, awakens life even in death, and from corruption and decay calls up beauty and divinity; so the conviction that there is divinity in science—and therefore universal law and order—stimulates the mind to grasp the comprehensive surety, and rest itself on a broad, scientific basis.

Every science, until perfected, is subject to relative changes, but is necessarily incapable of absolute changes; for true science is the recognized expression of their existence and the *modus operandi* of laws which are as certain and fixed as their author,—and being made up of a plurality of absolute and demonstrable truths, any combination whatever of *professed* truths which are wanting in such demonstrability, is, just so far, unfounded and unreal. Thus, there was a time when there was no true science of astronomy:—when all received astronomical theories were false; and at a late period, when the light of that science had begun to dawn, and men were enabled by that light to catch many glimpses of sublime realities, it yet remained for Copernicus, Galileo, Kepler, and Newton to discover the very primary laws, necessa-

ry to induct us into the simplest element of the *true* science. So, too, there must be a true science of medicine; and the world, after having shaken off some of the thousand wild theories and silly dogmas, which, for thousands of years possessed the minds of men, is slowly advancing to demonstrable positions.

New truths are being developed, founded upon newly discovered laws, and in view of the already determined complexity of man's organization—mental and physical, what man will presume to prescribe the number and quality of those laws which determine the relations existing between the individual parts of the human organism, and between that organism, whether considered in its related parts, or as a whole, and the external world? And if such plurality really exists, how correct is the position of those, who, standing in the feeble light, and enveloped in the thick mists and errors of past generations—who, still clinging to obsolete doctrines, and oft-exploded theories with a tenacity characteristic of the superstitious ignoramus or the blinded and bigoted antiquarian—and who, setting themselves up as the oracles of the whole world, and arrogating to themselves omniscience and infallibility, pour out their phials of wrath upon all such as have the manliness to dissent, and in their supposed possession of omnipotence also, threaten the total annihilation of all who refuse to bow down to the monster which they have set up: or, again, of those who having established themselves on one admitted law, proclaim to the world the uniqueness perfection, and comprehensiveness of their system, and their recognition of no other?

The reader will not understand me as waging war against genuine Allopathy, Antipathy, or Homœopathy; for *etymologically* considered, and acknowledge their correctness as pathological laws. The war which I would wage, is against the monstrous practical errors of the illiberal, restrictive, and proscriptive system which have been *illegitimately* founded upon them—*against their abuse*.

In regard to the popular system of Allopathy, it has been so often theoretically and practically demolished, that another stroke would appear entirely superfluous. The resolving forces are rapidly reducing it to merited decay, and after a few more years of this progressive age shall have passed, scarcely a relic will be left to show that once it was. Peace to its ashes!

Of Homœopathy, it is but just to say, that, so far as it *strictly* expresses the law—“*similia similibus curantur*,” it is probably correct—that *to the extent of its application* it is reliable; but I distinctly deny the *universality* of its application, and can only accord to it the relation of one wheel to the car of medical science. And as it would be rather imprudent to set out on a tour of exploration over a rough and dangerous region with a one-wheeled carriage, it must be deemed inexpedient, impracticable, and especially culpable to undertake to journey safely over the difficult routes in the province of disease, with our reliance upon Homœopathy

alone, when there are other equally valuable laws, especially designed by the Creator for our appropriation. In regard to certain superadditions or non-essential appendages, eg. *infinitesimalism*, I have simply to say, that, although there are many *seeming* analogies in nature, their cordial adoption requires a higher dilution of logic, and a greater expansive power of credulity than most men possess or are capable of acquiring.

It is not, then, with Homœopathy—proper, that I find fault; *but I do not find fault with such as refuse to recognize other laws equally manifest and equally general in their application*—and still further fault with such as admit the existence of such other laws, and yet claim that the one upon which they have established their system, is all-comprehensive, and count that system as the *only* one which can lay any just claims to science. Can we suppose that God ever creates without an aim, or establishes laws which are entirely superfluous? The idea is most absurd. Then, according to our definition of science, (which no one will question,) wherever there is recognized law there is science; and any course of procedure founded upon that law is scientific—and one can be no more scientific than another. Now the allopathic, and antipathic and for aught I know, others are just as certainly therapeutic laws as the homœopathic—and the systems of practice founded upon them, so far as they accord with those laws, are as really scientific and positive in their results as any other.

Then, as the idea of superfluity is precluded by the acknowledged wisdom of their author, I can arrive at no other conclusion, than that, these individual laws embraced, as one whole constitutes the legitimate foundation for *one great general system*, designed in the subordination to the all controlling edict, "Dust thou art, &c.," to meet every case of disease. If there is then any force or legitimacy in this conclusion, there is but one true philosophy of medicine—that which, taking a dignified and impartial stand, closely watches the operation of every known law, and in any given case seeks disease to appropriate the safest and most effectual means afforded in nature. *Such is Eclecticism*—a philosophy which challenges the closest scrutiny of investigation, and is destined to unfold fresh beauties and new truths at every step in the development of science; and as the great cycles of time shall roll on and on, developing in a more than geometrical ratio the perfecting powers of mind, its extent and the symmetry of its proportions will be ever increased. How puerile, then, is that objection so often urged, that our system has no original inherent beauty and excellence; whereas it *combines all* inherent beauties, and adds the crowning excellence—*completeness*. Has the moral government of God, in its comprehensive sense, no real excellence because it is made up of individual laws? Or should we depreciate His wisdom, because in the organization of that government he regarded man's nature—physical, intellectual and moral—in all its complexity and framed laws adapted to every principle of that of a

ture? Then may we not depreciate that system of medical philosophy which aims to study man in his true nature, and in all his relations, and adapt its course to meet every demand of that nature. They who ostentatiously throw themselves upon their assumed originality seem to suppose that an Eclectic must necessarily fold his arms and patiently wait for the results of the investigations of the rest of the world! May we not be, and are we not choosers from nature, and therefore as justly entitled to the claim of originality as they? Men who talk vauntingly of *science* should be the last to confine themselves to one remedy, or to one law, when nature has provided thousands of the one and several of the other.

[To be continued.]

PART II.---MISCELLANEOUS SELECTIONS.

SURGICAL CASES

COMMUNICATED TO D. GILBERT, M.D.,

Professor of Surgery in the Medical Department of Pennsylvania College, Philadelphia.

The cases herewith sent I believe to be sufficiently interesting to secure for them a place in your valuable monthly periodical. The first two cases are from my friend, NATHANIEL WATSON, M.D., of Lancaster county, Pennsylvania.

CASE I. In the summer of 1825, I was called to Jos. Bougher, at Graysbills mill. I found him, about an hour and a half after the accident, lying upon a mattress on the floor. As I entered the room, Mrs. G. said, "Doctor, Joseph is dead." I discovered a dislocation of the cervical vertebræ below the origin of the phrenic nerve. I placed a foot on each shoulder, grasped the head firmly and stretched the neck with a rotary motion. The vertebræ returned to their place; the head had been twisted to one side. He began to breathe visibly very soon after. After rubbing the extremities for some time, his pulse returned—continuing the frictions with spirits, he opened his eyes in about an hour after the dislocation was reduced, and attempted to sit up. He became frantic in another hour, with hard and rapid pulse, for which he was bled freely. He was kept in bed, in a dark room; aperients were given, with cooling acidulated drinks and low diet, which was strictly enjoined for five days. On the

eighth day he was able to walk through the room, free from all unpleasant symptoms and mind perfectly clear. In two weeks from the time of the accident he returned to work." He had sustained the injury by falling from a wagon loaded with hay, and was taken up for dead by the other hands.

CASE II. "On the 14th of July, 1842, I visited a grandson of Esquire Missimore, who, twenty-two hours previously, had fallen from a cherry tree. The head was twisted to the left side, there was no feeling in the extremities, pulse feeble, respiration slow and stertorous, pupils dilated, extremities cold, &c. I pronounced it a case of dislocation of the vertebræ of the neck, and gave it as my opinion, that the boy would die if the luxation was not reduced; and, at the same time informed him, that he might die during the attempt, as well as subsequently to reduction. I reduced as in the case of Bougher. Frictions were made to the extremities, and spirits applied to them for one hour before he was restored to consciousness, when he complained of pain in the neck and head. Respiration and pulse were gradually restored, and the extremities became warm. Ordered an enema, and requested that he should be kept quiet.

15th. Pain in back of head, pulse hard and quick, took 3*xij*. of blood from the arm, applied cups to the temples, ordered purgative mixture, and then to apply a blister to the nape of the neck, and preserve quietness.

16th. Found him much better—continue quietude and spare diet.

18th. Continues to improve, and is apparently out of all danger.

22d. Discharged him."

These cases are exceedingly valuable in demonstrating that the vertebræ of the neck may be dislocated, and yet recovery follow. All the cases hitherto published, so far as my reading has extended, have had a fatal result. There are two cases reported in St. Bartholomew's Hospital reports, one of which died on the same day, the other in 32 hours after the accident. Another case is reported by Mr. Stanly, Royal Hospital, Harlan, died on the 3d day. A case occurred in the New York Hospital, which terminated fatally on the 3d day; and the last case recorded may be found in the Boston Medical and Surgical Journal for August last, furnished by E. K. Sandborn, M.D., of Lowell, Massachusetts, death on the 8th day.

CASE III. Furnished by my friend, J. G. Lightner, M.D., of Shirleysburg, Huntingdon county, Pennsylvania, presents points of interest, and therefore is also respectfully submitted for publication.

On the 15th of June, 1851, I was called to see a female child of Mr. B.'s, æt. four years, small of its age, and very thin in flesh. I found her with a slight fever and somewhat restless. On examination I discovered in the left lumbar region a tumor, which was

moveable, and in size about that of an infant's head at birth. Immediately above the umbilicus there was a projection about two inches broad, and not more than three-fourths of an inch thick, as if some hard substance was pressing from within. Pressure made on it with the fingers did not produce pain or uneasiness. This was not moveable. I made up my mind that it was a tumor, but as to its nature I could not decide; and the part that projected above the umbilicus I thought might be some osseous substance, from its hardness. I gave the child a cathartic, which operated freely, and directed a febrifuge solution, and in a few days she was as well as usual. She never enjoyed good health after she was a year old, and her mother thought she felt a lump in her side long before she said anything about it. I did not see the child again until some time in October last, but occasionally heard that the lump was on the increase, that the hard projection had descended below the umbilicus, and finally was lost in the tumefaction of the abdomen in general. During this time her parents had given her various vermifuges, from the belief that it might be worms, and indeed some of the neighbors had persuaded them that it was a large tape-worm.

Dr. Brewster and I went out some time in the above month to see the child, and we were not a little surprised to find its abdomen extended from above the scrobiculus cordis to the pubes, and laterally to fully the size of a woman's abdomen at her full period of gestation. The lower extremities were œdematus and very much swollen, and her upper extremities, together with her face, were very much emaciated. On percussion of the abdomen I found no fluctuation; the abdomen had the same dull sound, in all its parts, indicating solidity. We concluded that the operation of paracentesis would not increase the danger, for the case was hopeless. I selected about midway between the umbilicus and pubes; after dividing the cutis, I inserted the trochar about two inches, and found considerable resistance; I withdrew the stilet, and nothing followed but blood, which amounted to about half an ounce; the child was somewhat relieved for a few days, but her abdomen continued to increase in size, if possible, so that the cutis seemed as if it would give way and let out the whole contents. She became more restless, œdema of the lower extremities and emaciation of the upper extremities increased, and on the 20th November, at two o'clock, A. M., she died. I had previously obtained leave of the parents to make a post obit examination. Dr. Brewster being from home, I had no medical assistance. I made the examination of the case about 4 o'clock, P. M., (assisted by two women.) On opening the abdomen by an incision from the scrobiculus cordis to the pubes, the tumor made its appearance, which I found, by introducing my hand, had not formed any very extensive adhesions; I could easily separate them with my hand as I passed it round the tumor, but there was

some difficulty in doing this for want of room. I discovered that its pedicle was about four inches in extent. I divided it with a scalpel from its attachment, and found it to be pretty solid, spherical in form, and composed of two lobes. I believe now that it was the corner or edge of one of these lobes that formed the solid projection above the umbilicus. Its weight is seventeen pounds and a quarter, and measures thirteen inches in diameter. It appears to be an adipose tumor, with a cavity of small extent filled with bloody serum, and a substance resembling soft cheese. The intestines were crowded to the right side, and had a natural appearance; the liver was forced upwards against the diaphragm; the kidney was rather higher than usual, and the aorta and ascending vena cava passed through under the tumor; these vessels appeared to suffer from pressure, and I believe that the tumor was nourished from a branch of the aorta, which was sent off a little distance above its bifurcation.

An account of the operation of Tracheotomy for the relief of Croup—of Lithotomy under etherisation, and of Amputation of the Left Half of the Upper Jaw. BY HENRY H. SMITH, M.D., Surgeon to the St. Joseph's Hospital, Philadelphia.

The attention of the profession having been recently called, through the American Medical Association, to the importance of forming accurate surgical statistics, in order to obtain a correct estimate of the value of certain operations, the following cases are submitted as a contribution to the facts already published, on the subjects mentioned at the head of this article. As the object of the paper is to place these results in such a position as may render them available towards the formation of statistics hereafter, the account of each operation will be presented very briefly.

I. *Tracheotomy performed unsuccessfully for the relief of membranous croup.*—C—y, æt. 19 months, a large healthy boy, has had several slight attacks of false croup. His brothers, æt. 7 and 14 years, have also been subject to the same complaint, and his cousin, æt. 8, died recently of membranous croup. Nov. 23d, 1851, C—y was attacked with symptoms of croup, resembling those of the other children, and of a former attack, and was therefore treated by the parents with lamp oil and other simple means.—The next day, as he was no better, a physician was sent for, who deeming the case a mild one, directed the use of Coxe's hive syrup until relief was obtained. On the 24th and 25th the child appeared better, but on the 26th was again so much oppressed as to require medical aid, when the physician again directed the hive syrup, which vomited it freely. On the 29th, the child continuing to be much oppressed, the parents became dissatisfied, the physician was dismissed, and other advice sought.

In the afternoon of the same day, Nov. 29th, I saw it. The voice was now nearly inaudible, the cough sharp and barking, the

respiration oppressed, and it had all the other well marked symptoms of croup. Suspecting from the history and symptoms, that the case would prove to be an insidious attack of membranous croup, I at once examined the fauces. The half arches and entire pharynx were of a dusty red color, the tonsils slightly swollen, with one or two spots of lymph upon their posterior surface, while a patch of the width of the little finger was adherent to the middle line of the pharynx, extending downwards. I immediately directed a solution of the nitrate of silver, grs. xl. to the ounce of water, and swabbed the entire surface of the pharynx and top of the glottis, with a piece of sponge, wet with this solution. The application of the sponge brought away a considerable amount of whitened mucus, the escape of which was facilitated by the vomiting induced from the administration of a teaspoonful of powdered alum, every 15 minutes, as advised by Dr. Charles D. Meigs, of this city.* Thinking that the exhaustion and debility forbade the abstraction of blood, either locally or generally, the little patient was put under the free use of calomel; rubefacient and stimulating frictions were made on the throat: the temperature and moisture of the air of the chamber carefully watched, and directions given to repeat the emetic with the addition of a warm bath if required, in the interval of my visit. Seven hours subsequently the child seemed easier. For a day or two these symptoms alternated, and the treatment was so changed as to add to the former remedies the free use of mild expectorants, until Monday, Dec. 1st, when at 12 o'clock M., the child suddenly became worse, it having during these days taken xxiii, grs. of calomel, without any signs of salivation. The respiration was now very difficult, and accompanied by great distress and anxiety, the skin cold and damp, with other symptoms of impending suffocation. I at once advised the operation of tracheotomy, which was readily assented to by the parents.

At 2 o'clock P. M., assisted by my friend Dr. Ellerslie Wallace and several office pupils, I operated according to the plan recommended by Dr Pancoast,† excising a portion of the 3d, 4th and 5th rings of the trachea, and keeping the opening dilated by means of a ring, formed of pewter, the hooks of which were inserted upon the edges of the wound. After the spasm consequent on opening the trachea had passed off, the mucous membrane was carefully examined, and presented a perfectly natural appearance, being free from all signs of false membrane, in consequence of which the prognosis was deemed favorable. The incisions required during the operation were followed by a copious hemorrhage, and required the application of several ligatures in order to arrest it.

At 4. P. M., the child was asleep and breathing easy; and

*See Medical Examiner, Vol. 1, p. 414, 1832.

† American Journal of Medical Sciences, Vol. 17, N. S., p. 307, 1849.

through the attention of Messrs. Rommel, Wellford and others of my private class, was now carefully watched, the mucus being wiped out of the wound as it collected, and every possible attention paid to its condition.

Dec. 2d, 9, A. M. The little patient was apparently doing well, and had nursed repeatedly, but the tracheal mucous membrane looked red and dry; patches of dry mucus or lymph were also seen upon the edges of the wound, whilst a thick ropy expectoration occasionally escaped through it in the efforts to cough. The dryness was relieved by the use of a camel's hair pencil, wet with glycerin and water.

At 10, P. M., the child was sleeping quietly, with a good prospect of recovery; at 2, A. M., its respiration became impeded by a collection in the trachea, which, owing to its vicinity, was wiped out with difficulty by the pencil, but after this it again went to sleep.

At 4, A. M., it had another attack of dyspnoea from a similar cause, and under this commenced to sink, and died at 6, P. M., just forty-two hours after the operation.

The publication of a few successful cases having lately induced some who have read them to anticipate much success from the operation of Tracheotomy, even when not resorted to until the last moment, the account of the fatal cases becomes especially necessary, in order to guard against a false conclusion. Although this child had been suffering from the disease for eight days, there was no false membrane about the trachea at the point where it was opened, and both Dr. Wallace and myself noticed the natural appearance of the lining membrane of the canal, and anticipated from this a favorable result. Yet with every care death ensued within 48 hours after the operation.

Having recently had occasion to examine the results as shown in the sum total of such cases as have been reported, it is made evident that the success of this operation is not encouraging; as out of 245 cases 188 have died, being more than three-fourths of the whole number operated on.

2. *Lithotomy performed while the patient was under the influence of an anæsthetic.*—Joseph ———, from Delaware, æt. 8 years, was brought to me by his parents on Jan. 5th, laboring under the symptoms of stone in the bladder. A pebble about the size of a grain of coffee, was also shown, as having been passed when he was but 18 months old. After a short interval of rest, I sounded him, but his cries and struggles rendered a positive diagnosis impossible. A few days were therefore allowed to elapse, during which the free use of the warm hip bath, together with alkalies and anodynes internally, afforded much relief. The child was, however, very pale, delicate, and irritable, and having been freely indulged by his mother in every whim, very intractable, screaming most lustily as soon as I entered his room.

A consultation being called, I determined to etherize him before introducing the sound a second time; but owing to his struggles at the approach of any one except his mother, was compelled to have him held on the bed whilst the sponge was retained to his mouth. In a few minutes, however, he became perfectly relaxed and tranquil, during which he was carefully sounded, and a stone distinctly felt in the lower part of the bladder. When the effect of the anæsthetic passed off, the little patient had no recollection whatever of the event, nor did he subsequently show any constitutional disturbance from the introduction of the sound. A few days more being deemed requisite in order to allow the extreme irritability of the bladder to pass off, the constitutional treatment was continued, but no intimation given him of the proposed operation.

On Wednesday, Jan. 14th, after being induced to smell the sponge in his room, (which he now did very willingly,) he was thoroughly etherized, and whilst in that condition, was carried up stairs to the amphitheatre of the University of Pennsylvania, where he was again sounded, and the stone being distinctly felt, was placed in the position for lithotomy. I then immediately performed the lateral operation of lithotomy, opening the bladder by means of Physick's gorget, and extracting a stone weighing upwards of five drachms, when the patient being untied, was carried to his bed, and the effect of the anæsthetic allowed to pass off; he subsequently declaring that he knew of nothing being done to him until placed in bed, when the flow of urine over the wound excited his sensibility. During his convalescence no bad symptoms were apparent, except a hemorrhage on the fourth day after the operation, consequent on his having accidentally pulled off a ligature that had been placed upon one of the perineal arteries. In five weeks he returned to his native place, and has since, I am told, been entirely well.

The propriety of resorting to anæsthetics in operative surgery, is a question which, fortunately for humanity, is now doubted by few. As a general thing, I employ one part of chloroform to five parts of ether in nearly every instance, though in a case of lithotomy which I performed in the winter of 1851* upon an adult, and from whom I extracted a large and very rough stone weighing 3ij. grs. xvii., the use of an anæsthetic was deemed unadvisable, in consequence of the intemperate habits of the patient rendering it imprudent to give him the quantity necessary to etherize him.

3. *Amputation of the left half of the upper jaw.*—E. F—d, æt. 48, had been laboring under a malignant tumor of the antrum for about six months, which was increasing so rapidly as to render it necessary to submit the question of the propriety of re-

* See Medical Examiner, vol. 7, No. 4, p. 233.

moving it, to a consultation. After carefully reviewing the peculiarities of the case, it was decided that though there was reason to suppose the disease could not be eradicated from his system, yet the patient's life might be prolonged for many months by the operation, as had been the case in the operation reported by Dr. Horner.* The precise nature of the disease, as well as the other doubtful circumstances being fully stated to the patient, he decided "to entrust himself to Providence and his surgeon," and to submit to the operation. Accordingly, on the 25th of February, 1852, he was brought before the medical class of the University of Pennsylvania, seated in a chair with his head well supported, and the anæsthetic administered, it being decided to save him the pain of the external incisions, but not to operate upon the mouth until consciousness had partially returned, lest the blood, by escaping into the throat, might induce suffocation. The first incisor tooth being extracted, I cut through the cheek by a slightly curved incision which extended from near the middle of the left zygomatic arch to a point in the upper lip about three lines in advance of the angle of the mouth. The upper flap being then dissected up as far as the edge of the orbit and the anterior orifice of the bony nose, the masseter muscle was separated from its attachments to the upper jaw, and the patient found to be free from the effects of the other. A fine saw was then passed around and behind the body of the malar bone, and its attachment to the superior maxillary divided.

The anterior edge of the palate plate of the palate bone being then separated from its articulation with the palate process of the superior maxillary by cutting it with a strong knife, and the middle palate suture being also divided from behind towards the alveolar process of the bone, the latter was sawed through from the nostril to the mouth. The nasal process of the superior maxillary was next sawed across on a level with the edge of the orbit, and the lower part of the bone cut off from the margin of the orbital plate, after which an elevator was passed behind the superior maxilla, and its attachment easily overcome. A few touches of the knife through some fleshy fibres then enabled me to remove the bone nearly entire, the remaining portion of the orbital plate being excised subsequently from below. A branch of the internal maxillary bled most freely during the last part of the operation, and so did some other vessels in the flaps, especially the facial, but the hemorrhage was perfectly controlled by the ligature without resorting to the actual cautery. The wound in the mouth being tightly packed with lint, that in the cheek was

* Medical Examiner, vol. vi. p. 16, 1850.

accurately adjusted by points of the twisted and interrupted sutures, and healed throughout its greatest extent by the first intention. The patient, six days subsequently, was able to sit up in his chair, presenting but little evidence of the loss of so considerable a portion of the bones of the face, and two weeks afterwards returned to his home.

MEDICAL—HOSPITAL—REFORM.

All true reforms are gradual, they linger more or less, in the shade of distrust. The mind, in one phase, clings to ancient memories, for it is warmed to the past by the sentiment of veneration, and protected in its weakness by the shield of antiquity; but it ever has and ever will yield at last. To counterbalance this proclivity to stagnation, which is a fatal paralysis to moral and intellectual development, the human mind is also gifted with qualities and capacities to penetrate the future, to disentomb the mysteries of nature, to chain her greatest powers to its combinations, until the dominion over matter is achieved, and the tangible and subtile agencies are known in all their relations.

Some men are conservative, because their mental training and constitutional temperament make them so. Others are conservative only because it is their interest to be so—filthy lucre and pride of opinion being at the bottom of it. There are, then, honest and dishonest conservatives; but we cannot penetrate to motives. Conservatives are useful; they are the wheel-horses, with breast-chains and breeching, the lock-chains, that prevent the car of humanity from travelling too fast, without which damage might be done and progress retarded by untimely haste. We find this class in the schools of ethics, of politics; in discipline, in science; in short everywhere.

The tendency to inertia is sometimes respectable, at other times it is puerile, absolutely contemptible. Conservatism finds its last refuge in the intangible, in King-craft, Priest-craft, Lawyer-craft, and Doctor-craft. Long after the world has sounded and resounded with the shouts of triumph for man's achievements over matter, and even an age has become renowned by its victories over all the elements of nature, and their combination in the outward world, conservatism clings with tenacity to the last button on the shirt of antiquity; fortifies itself behind its ragged remnants, and defends itself by a jargon oftentimes not a whit more sensible than the pow-wows of a medicine man of the Pawnees.

Last winter a petition was sent up to the Legislature, to open the amphitheatre of the Commercial hospital of this city to every medical student and practitioner who desired to hear the clinical lectures and witness the surgical operations in that State institu-

tion upon paying a stipulated price. Such an arrangement would not have increased the labors of the clinic, or in any way have embarrassed the action of the lecturer, while it would have added some fifteen hundred dollars annually to the hospital revenue.

The prayer of the petitioners was denied. The voice of over ten thousand citizens was disregarded, that a monopoly might be maintained for what is now a minority of doctors and patients. The State, forsooth, has capital invested in the Medical College of Ohio, and by opening the hospital and giving a large sum to the poor, the interest on the investment might not be forthcoming from the proceeds of the College. If any doubt this ignoble prostration of science to pecuniary considerations, let them read the following extract from the report of the committee on Medical Colleges against granting the behests of so many of our intelligent citizens:

"The faculty claim the Hospital as one of the inducements for the collection of large classes. The clinical instruction of the Hospital is regarded as but little inferior in value to the teachings of the Professor in the College. If this be withdrawn or interfered with, the revenues, (which are proportionate to the size of the class,) pledged for the payment of principle and interest of this debt would be proportionably reduced, and the State by its discordant and antagonistical legislation, may become responsible for the debt. This should be avoided, and can be done by a continuance of existing laws."

Suppose the Legislators had refused to grant railroad charters, or to make railroads itself, because it had an investment in canals, upon which it was necessary to raise the interest from current receipts, no one doubts for a moment that such an idea would have been scouted; and yet we have the same principle carried out in regard to the dissemination of knowledge. The extract is also humiliating as an acknowledgement of the fact that the college cannot support itself, with all its great pretensions, and prestige of antiquity.

Leaving out of view, the intermingling of systems of practice and management as likely to lead to feuds and practical difficulties, there surely can be no sound reason why all students of medicine, just as well as only a few, should not be allowed to pay for a ticket, and hear what is said.

The extract above admits further, the fact that the old school, without the monopoly; cannot compete in an open field with other schools, and so to force patronage, the hospital is to be made a special adjunct, instead of a general benefit to medical science and progress. It is not likely that conservatism like this can live long in this active age, and all efforts to stifle free inquiry, and free and equal practical and demonstrative knowledge in public institutions, can only lay bare to public view weaknesses that invite condemnation, and excite no commiseration, because they are wilfully cherished.—*Cincinnati Daily Times*.

PECULIAR INFLUENCE OF MERCURY AT THE PRESENT TIME.

Mr. Henry Lee brought under the notice of the Society the very peculiar influence which he had observed to be produced by the action of Mercury upon patients during the last four or five weeks. Mr. Lee introduced the subject by relating the particulars of a patient of his own in the Lock Hospital. In this, a drachm and a half of mercury only had been rubed in. On the fourth day the gums were observed to be affected, and the mercury was discontinued. It was not till a week afterwards that Mr. Lee's particular attention was drawn to this case: the patient's mouth and throat were then greatly swollen; a continued stream of saliva issued from the mouth, the tongue was so swollen that it could scarcely be moved; the pulse was small and weak, and the skin cold. On the following day, the affection increased in severity. The effort at deglutition was so painful, that scarcely anything could be given. This patient was removed from the ward into a separate room. She was ordered wine and whatever fluid nourishment she could take; she was also directed to use an alum gargle, and to take ten grains of the chlorate of potassa three times a day. Mr. Lee observed that had this case occurred alone, he would have regarded it as independent upon some peculiarity in the patient's constitution. But several other cases, not under his own care, had occurred in the Lock Hospital. Mr. Lee had also observed the peculiar depressing effects of mercury in private; and mentioned that the previous day he had remarked a patient, (a man of colour) who was admitted into King's College Hospital, with his mouth and tongue so swollen that he was quite unable to speak. (This man had taken some purgative pills which contained mercury, and had rubbed in a small quantity of mercurial ointment.) These peculiar effects manifesting themselves in different parts of London, and treated by different medical men, clearly pointed to some general influence, which, for want of a better term, must be called atmospheric. The cases observed had almost exclusively occurred among women of those whose constitutions were weak. It appeared to Mr. Lee, that as there were certain times and conditions of the atmosphere when patients were peculiarly susceptible to depression from the loss of blood or from surgical operations, so were there periods in which mercury was apt, instead of producing its medicinal effects, to act as a poison upon the system. In the case which fell under Mr. Lee's own care, the patient very rapidly recovered, much more so than patients do after severe salivation. Whether the medicine employed in this case (the chlorate of potash) contributed to this result, or whether the affection reached its natural termination, Mr. Lee would not undertake to say.

Dr. Webster said that this action of mercury was dependent upon the wind being in the south-west, accompanied by damp. He had published his opinions upon this point.

Mr. Lee, in answer to an inquiry, said that he had noticed the effects of mercury to be more severe chiefly during the last three or four months. The cases he had previously alluded to amounted in all to about half a dozen.

Dr. Willshire said that his experience respecting mercury was diametrically opposite to that of Mr. Lee. He had, in two cases of endocarditis in particular, the greatest possible difficulty in producing salivation, though in one of these cases the mercurial roseola, a very rare affection, had presented itself, but no salivation; but the gums, however, had become ulcerated. Sometimes, at the infirmary for children, the specific effects of mercury were very easily produced—even purgative powders, containing only a small quantity of calomel, causing salivation and its effects.

Mr. Hunt had lately found the same difficulty as the last speaker in producing salivation; his patients were chiefly adults.

Dr. Willshire said that his patients were about equally divided between adults and children.

Mr. Langly read a paper.

BLOODLETTING IN CONGESTION AND INFLAMMATION.

The chief object of the author was to inculcate the necessity of copious abstractions of blood in cases of inflammatory disease, threatened apoplexy, &c. He first enumerated the objections which had been from time to time raised against the use of the lancet; and having given what he considered sufficient reasons to show that these objections had no real validity in practice, he proceeded to urge that, as a rule, the employment of venesection failed to do so much good as it might otherwise do, in consequence of the practitioner not carrying the bleeding to a sufficient extent. He considered the growing disposition amongst us to dispense with the use of the lancet was dangerous, and urged his views in its favor with much ability and earnestness. Finally, he related five cases of apoplexy, pleuritis, &c., in which depletion had been carried to a very great extent, but with the best results. In one case, that of threatened apoplexy, 139 ounces of blood were abstracted in a very few days; and in the case of a child, of twenty-one months old, suffering from hydrocephalus about twenty one ounces of blood, from leeches and venesection, were taken. In none of the cases related, which were only a few out of many, had any ill effects followed the depletion.

A discussion of considerable length ensued, in which several members took part. As might have been expected on such a *questio vexata*, the opinions advanced were opposing and various. Mr. Langly having replied, the society adjourned.—*London Lancet.*

DISARTICULATION OF THE FOURTH AND FIFTH METACARPAL BONES FROM THE UNCIFORM BONE, FOR NECROSIS FOLLOWING A GUN SHOT WOUND.

It is to be feared that the imaginary difficulties of operations on the hand, frequently lead in country practice to amputation of the entire member. Indeed, we know it to be from several cases coming under our own observation. Nothing is more common in rural and mechanic life, than recoveries after terrible incised wounds from axes, chisels, &c., and the preservation of several fingers proving of unspeakable utility to the working man, when he undoubtedly often suffers immediate amputation of the whole hand after gun shot wounds; it makes clean work, looks scientific, and saves trouble. Yet this is not the case with all surgeons; there are many who have derived the advantages of modern education in scientific and conservative surgery, who will not satisfy their consciences by such whole proceeding; thank God the number is increasing. The following case illustrates a very frequent accident.

Dr. Day, of English Nabourhood, N. J., was called to a patient some six months since, who had the fourth and fifth metacarpal bones shattered midway between the bases of the little and ring fingers and the wrist, by the accidental discharge of a gun loaded with shot. His hand was placed directly over the muzzle, and he received the entire discharge in the palm. As many of the shot as practicable were removed, and the wound appropriately disposed and poulticed; the hand being placed in a prone position, so as to favor the discharge of the shot by their own weight, when suppuration should loose them. In process of time the wound healed with the exception of two slight openings in the palm. The shot, however, were not all out, and the gradual cessation of the power of flexing the two fingers, and a sinus occurring on the back of the hand, showed deep and irremediable mischief. A probe, passed in various directions, proved both bones to be carious: and it was evident that nothing but their removal would avail in enabling him to resume his avocation and support his family.

As the fingers from their immobility be an intolerable annoyance, even it preserved, I placed the knife on the articulation of the base of the third metacarpal bone and unciform, and carrying the incision downwards between the middle and ring fingers, finished it on the plan at the articulation of the little finger with its metacarpal bone; then carrying it at an obtuse angle outward to the middle joint of the little finger so as to form a flap of skin from its outer side, and backward along the edge of the fifth metacarpal bone, I finished the incision at the unciform where I started, making an ample flap of the skin, and abductor of the little

finger on the outer side of the hand. The two fingers and the metacarpal bones were now readily disarticulated, and the wound closed, after tying five arteries. A large number of shot were found both on the palmar and dorsal aspect of the metacarpal bones—both of which were in a state of necrosis, one (that of the ring finger), being completely severed by ulceration, and the other badly united by an irregular bony deposit actually inclosing several of the shot. The tendons and flexor muscles were completely spoiled, thus rendering the fingers worse than useless, as they would interfere with almost every possible use of the thumb and two adjoining fingers; both of which, fortunately for my poor patient, were in a state of integrity. Being his left hand, and his occupation that of a watch-spring maker, I trust he will come out as good as new for that business, the left hand being only used to hold the forceps grasping the spring, while operated on the right. —*London Lancet.*

PREMATURE INTERMENT.

The New-Haven Journal has recently given a description of some unusual appearance in the face of a corpse during the performance of the funeral ceremonies. A flush of crimson overspread cadaverous features, while the forehead became moist with what seemed to be perspiration. An examination was held by two physicians, on whose report the body was subsequently consigned to earth. There can be no doubt, however, that many cases of premature interment have occurred when there were no symptoms of life exhibited as in the above case. A state of trance has often been mistaken for death. One of many similar cases is told in the following paragraph from a recent number of the *N. Y. Tribune*.

The Courier d'Athènes relates that just as the body of the wife of a gipsy named Plassan was being interred in the cemetery in that city, a noise was heard to proceed from the coffin, which was immediately opened. After some restoratives had been administered to the supposed dead woman, she soon recovered sufficiently to return home."

A correspondent of the *Tribune* referring to this and like cases, says, that Dr. H. Mayo, an eminent English physician, in a work "On the Truths contained in Popular Superstitions," gives a very clear account of the various forms of trance, and of the causes which produce them. Of one form he says:

"Death-trance is the image of death—the heart does not beat; the breathing is suspended; the body is motionless; not the slightest outward sign of sensibility or consciousness can be detected; the temperature of the body fails; the entranced person has the

appearance of a corpse, from which life has recently departed. The joints commonly relaxed, and the whole frame pliable; but it is also likely that spasmodic rigidity will form an occasional adjunct of this strange condition, so that the only means of knowing whether life be still present, is to await the event."

Dr. Mayo, gives instances of premature burial in that part of his book where he discusses the superstition called "vampirism," once prevalent throughout Europe. The "vampire" was a corpse which, retaining an unnatural vitality, preserved itself from decomposition by sucking the blood of the living; for which purpose it nightly forsook its grave. The fears engendered by the superstition led to frequent examination of burial grounds by the local authorities. The records of these investigations, which were then the rule—in the changed position, absence of decomposition, &c.—to confirm the prevailing superstition, show now to the enquiring enquirer an untold number of victims who were buried alive. To which Mr. Mayo, considers danger as comparatively small in England, where bodies are not hastily buried, "Still," he says, "society is not sufficiently on its guard against a contingency so dreadful." And again: "When the nurse or the doctor had announced that all is over—that the valued friend and relative had breathed his last—no doubt crosses any one's mind of the reality of the sad event." "The lady, if not the doctor, too, constantly lose sight of the fact that there exists an alternative to the fatal event of ordinary disease; that a patient is liable at any period of illness to deviate, or, as it were, slide into another and deceptive route—instead of death, to encounter apparent death."

When this possibility is fairly considered, few will incline to question the soundness of Dr. Mayo's advice. "The body," he observes, "should be kept in a warm room for the double purpose of promoting decomposition, if it be dead, and of preserving in it the vital spark, if it still linger, and it should be constantly watched. There are, of course," he adds, "many cases in which such care is positively unnecessary. Such for instance, as death following great lesions of vital organs, and in great majority of cases of seeming death, the bare possibility of the persistence of life hardly remains. Still better to err on the right side."

The writer of the communication in the *Tribune*, says, that many years ago, his father, on recovering from an attack of yellow fever at Surinam, fell into a trance, such as Dr. Mayo has described, and lay for ten days without any external sign of life, but of consciousness. He was led out for burial soon after this state supervened, and was only saved from a most horrible fate, by the caution or affection of an attendant, who pleaded for delay until decomposition should set in. He himself overheard part of the conversation which was to determine his fate, while wholly incapable of manifesting any sign of vitality; and in after years could never allude to the subject without emotion.

It would be easy to multiply examples, but the foregoing may suffice to awaken a wholesome attention to a subject which nearly concerns all.—*Richmond Republican*.

HOMŒOPATHY IN EDINBURGH.

As the proceedings of the medical association in different parts of the world, in regard to their homœopathic members, are matters of general interest, we copy in full, from the *Edinburgh Monthly Medical Journal*, a report of the summary process pursued towards such members by the Medico-Chirurgical Society of that city.

The President announced that he had received, very shortly before entering the room, a printed letter from Professor Henderson, addressed to him in his official capacity, and transmitted through the Secretary, with a note stating that it was for the information of the Society. The President said he had not himself had time to peruse the letter, and he submitted to the society the question, whether it should be read that evening.

Mr. Syme moved that Professor Henderson's letter be read, seconded by Dr. W. T. Gairdner.

After some conversation, in the course of which it appeared that Professor Henderson's letter was designed for immediate publication, and had actually been advertised in the newspapers, as intended to appear on the following day; and after remarks by Professors Christison and Simpson, Dr. Alexander Wood, Dr. Douglas MacLagan, &c., the Society divided, first on Mr. Miller's amendment, and afterwards on Mr. Syme's motion, when the latter was carried by a large majority.

Mr. Syme then moved, in conformity with the resolution of the Society at last meeting, "That Dr. Henderson having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Fowler, of Corstophine, and carried without opposition. Mr. Miller dissenting "on the ground that a letter be addressed to the President, and referring to the resolution of the previous meeting, had been received from Dr. Henderson while still a member of the Society, which letter the Society had refused to hear; although, for aught that they knew, it might have contained important statements bearing on the matter in question." (The above reasons of dissent were handed to the Secretary in writing by Mr. Miller.)

Dr. Burt moved "That Dr. M'Donald, of St. Andrews, having publicly professed homœopathy, his name be deleted from the list of members"—seconded by Dr. Myrtle. Carried unanimously.

Dr. Simpson moved "That Dr. M'Leod, of Ben Rhydding, having publicly professed homœopathy, his name be delected from the list of members"—seconded by Dr. Malcolm, and carried unanimously.—*London Lancet*.

TAPE-WORM.

BY J. H. NUTTING, M.D.

An Irish girl in the employ of L. Ingalls, Esq., of this place, on the 16th of Dec. last, was taken early in the morning with severe distress at the pit of the stomach, and retching. She soon felt her throat and mouth filled with something, which, on removing, she found a portion of a tape-worm. She drew from her mouth several pieces of considerable length, which she affirms were alive, and moved. While engaged in her work during the morning, she had another similar attack, and drew out a quantity more. This, together with the former, was put out in a bowl of water, and was seen to move distinctly by the members of the family. It was brought to my office by Mr. Ingalls, in the evening, and consisted of six or seven pieces, measuring in the whole forty feet. I did not examine the head at that time. On looking at it later, I found each of the several pieces nearly alike, larger in the middle, and tapering towards the ends. One end of each was very small and pointed, with very small points. The points at the other were much larger, say from $\frac{1}{4}$ to $\frac{1}{2}$ an inch. I know not whether there was a head on any of them or not. I have them now preserved in spirit. She had previously been in tolerable good health, and had never had medical attendance.

I saw her to-day, and learned from her that she has very often past portions of tape-worm, but none since that time. She states that she has always felt the symptoms above mentioned, viz., great distress at the pit of the stomach, with violent retching, before it came up. She is rather fleshy at present, and suffers from pain in her side and epigastrium, but has no tenderness. Her appetite is good and pretty regular. Menstrua regular, and also her bowels. I have mentioned this case because I had met with no one similar, and seen no record of any, though others may have. I have shown the worm to several physicians of the vicinity, but no one has heard of such a case. If such are common, I shall only have exposed my ignorance; but that I am willing to do, if I can gain information thereby. If these be not common, would not this case warrant some effort at dislodging the parasite, when in the stomach, by the use of emetic medicines?—*Boston Medical and Surgical Journal*.

Stafford Spa, Conn., March 22, 1852.

MR. FARADAY, THE GREAT CHEMIST.—He who is universally acknowledged to be the first chemist in the world—the pride of science and the especial boast of England—Michael Faraday, was born in 1791. He was the son of a Blacksmith, who bound him to a bookbinder in London, with whom he served out an apprenticeship till he was 21 years of age. He had no other education than what he had secured by indomitable perseverance under the most trying and mortifying circumstances. Having had the luck to hear a lecture by Sir Humphrey Davy, a ticket of admission having been presented to him for the evening, an instantaneous conviction of his own inherent powers seems to have flashed before his mind. He made the acquaintance of Sir Humphrey, and afterwards became his assistant, secretary, friend, and finally his successor. It is well known that Sir Humphrey, in speaking of his own achievements in science, said that his greatest discovery was made when he found Michael Faraday. We have been present at the Royal Institution when the very aisles were filled with peers of the realm, standing for want of seats, to listen to the learning and wit of this model lecturer. He is the first and only chemist we ever heard who made the science irresistibly fascinating. The charm is in his natural simplicity—for he is not graceful—his colloquial freedom, and unexpected and playful sayings, which prevent any tendency to weariness in the audience, combined with a kind and winning manner of address. Mr. Faraday puts on no airs, and has the good sense to treat everybody with marked politeness. In raising himself to distinguished fame, he has retained every former personal endowship, and he is still always accessible to the people. In lecturing, he never had a note before him when we have been present, nor did his lectures appear to have been very methodically arranged.—To what height might chemistry rise in the medical schools of this country, if those who teach it possessed the energy, enthusiasm, self-sacrifice, learning and sagacity that distinguish the leading chemist of England.—*London Lancet.*

DR. SAMUEL JACKSON'S DISCOURSE.—The man who dared to speak freely of the defective organization of the American Medical Association, has delivered a discourse before the Philadelphia County Medical Society, that sparkles with bright thoughts and wise questions. Dr. J. is an independent thinker, and has courage enough to speak his mind without fearing that some odd leg in the manner may growl at the prospect of losing a bone. His reasonings are logical, and his facts and conclusions are unimpeachable. No Egyptian would have succeeded better in illustrating a text—and had any of the cloth taken the words which Dr. J. has chosen, "*My soul, thou comest to serve the Lord, prepare thy soul for temptation,*" they would not have written a sermon superior to this, which was not however, intended for one.

EXPULSION OF TAPE-WORM.—Since the publication of Mr. Soule's paper, in this Journal, [Boston Medical and Surgical Journal,] some months since, recommending an orgeat of the common pumpkin seeds in cases of tape-worm, successful trials have been made in various directions, confirmatory of the value of the discovery. A copy of that number of the Journal was sent to the Rev. J. H. Hill, a distinguished Episcopal missionary at Athens, who read in it of the success attending the administration of the pumpkin-seed emulsion. Knowing that the Rev. Mr. Buel, laboring at the Piræus, under the patronage of the American Board of Baptist Missions, was afflicted with tænia, Mr. H. directed his attention to the preparation. A Greek physician, to whom it was mentioned, scouted the idea—it was really ridiculous, in his opinion. Mr. Buel was exceedingly reduced in health under the medications of his Hellenic medical attendant, was unable to sustain the duties of the mission, and with a gloomy prospect for the future. Under these circumstances, a draught of the freshly-prepared orgeat was swallowed—which shortly resulted in the expulsion of twenty feet of a tape-worm! Mr. Buel immediately began to amend, and when the note from which the foregoing facts were taken, was written, there was a fair prospect of a speedy and perfect restoration to his former condition of good health.

A curious case of tape-worm, reported by Dr. Nutting, will be found in a previous page.—*Boston Med. & Surg. Journal.*

GREAT ACADEMIC DISCOVERY.

The science of vital statistics has received a new impetus by a venerable member of the Medical Academy. The following is a literal quotation from a series of *printed* resolutions read before them at one of their late meetings; it contains likewise some wholesome but startling confessions, rather unpalatable however to some of the members we opine.

"Dr. Batchelder presented the following *Resolutions*:

" *Whereas*, a large portion of the Quacks, and unprincipled physicians of this city, and it is believed throughout the country, are men who have been graduated *Doctors of Medicine* in some incorporated Medical School, College or Institution; and *whereas*, from the peculiar circumstance of this country, human life and health are of so much importance that they should be intrusted to none of undoubted character and skill; therefore—" &c., &c.

Then follows some particular thunder at all sorts of quacks, ending as usual in smoke.—*Scalpel.*

DR. TALCOTT'S ADDRESS.

Some persons have the enviable faculty of speaking appropriately at all times. On the 16th of January, when medical degrees were conferred on those who had sustained a satisfactory examination at Yale College, Alvan Talcott, M. D., in behalf of the board of examiners, delivered an address, which has wisely been published. Its publication is a compliment to the author, and the address is an honor to the institution from whence it emanated. It is refreshing to find a man in the profession who is not too cowardly to give his honest opinions, lest they should at some period be held up in terrorum, and blight his prospects. Dr. Talcott told his auditors plainly what they must do; and the reader sees, as he proceeds from line to line, precisely what thousands have not done who keep a perpetual noise about the dignity, the immaculate character and glory of the healing art. It requires some degree of discretion in a lecturer to know when he has said enough to produce a pre-determined effect. Dr. Talcott evidently possesses this qualification, and therefore closed while his hearers were wishing for more.—*Boston Medical and Surgical Journal*.

IODINE RENDERED SOLUBLE BY SYRUP OF ORANGE-PEEL AND TANNIN. M. Debaque mentions, in the *Journal de Pharmacie* of Antwerp, that he has found means of keeping iodine in a state of solution when added to mixtures in the form of tincture. The author uses, for that purpose, syrup of orange-peel, which answers the purpose perfectly. It was suspected that *tannin* was mainly instrumental in this result; and this was rendered evident by putting a few grains of tannin into a quantity of water to which tincture of iodine had been added, and in which the iodine had of course been precipitated. The addition of the tannin caused the iodine to be immediately re-dissolved. Thus will the syrup of orange-peel be advantageously added to mixtures containing tincture of iodine, and tannin to injections composed of water and the same tincture.—*London Lancet*.

MORE ARSENIC POISONERS.—At the Assizes Court in France, of Helen Jegado, a servant, was put upon her trial for seven murders by arsenic, in 1850. The evidence showed that, during her life, no less than forty-three persons had been poisoned by her, including several of her mistresses, masters and fellow-servants. Her counsel pleaded insanity, but the jury gave no credit to such a monomania, and found her guilty. She was accordingly sentenced to be executed.—*London Lancet*.

A SUBSTITUTE FOR MERCURY IN SYPHILITIC DISEASE.

M. E. ROBIN has read a paper before the Academy of Science of Paris, with the following title—"On Certain New Agents calculated as Substitutes for Mercury when used as an Anti-syphilitic Remedy. In former papers, M. Robin had maintained these propositions:—"Mercurial preparations do not act in a peculiar manner when administered in syphilitic diseases; they merely combine with the virus and change it into a new or inert compound. Now, there are a great many substances which form analogous combinations with organized matter, which substances probably have, like mercury, anti-syphilitic virtues; and it will be found that the agents of this class, which have thus been successfully employed, belong to the antiseptic division of remedies which act by combining with the noxious principles." In this manner we can understand whence arise the anti-syphilitic properties of arsenical, gold, silver, steel, and antimonial preparations. Hence arises the likelihood of success, if attempts be made to use such organic substances as the bichromate of potash, or sesquichloride of iron, instead of mercurials."

M. Robin induced Dr. Vicenti, of Paris, to try a few experiments with the bichromate of potash to combat syphilis; the salt was employed in three cases with much success, and of these one was marked by very severe secondary symptoms. Fifteen grains of the bichromate were divided into eighty pills, with extract of gentian. One of these was taken night and morning. They agreed pretty well with the stomach, though some opium was necessary to prevent nausea and vomiting. The patient took 240 pills in the space of about three months, and was then quite well of a very intense attack of iritis, accompanied by other syphilitic symptoms, which had almost blinded him. The patient had had an indurated chancre, and had never taken any mercury.—*London Lancet.*

 COMPRESSION OF THE CAROTID ARTERY FOR THE RELIEF OF PAIN IN THE TRUNK OR LIMBS.

Dr. TURCK, of Plombieres, has published in the *Revue Medico-Chirurgicale* a series of cases where great relief was obtained by compressing, for a longer or shorter time, one or both carotids (or rather pneumogastric nerves.) Severe colic, without diarrhoea, of fifteen years' standing, incipient phthisis, gastralgia sciatica, &c., &c., were temporarily benefitted by this compression.—Dr. Turck was induced to try this peculiar therapeutical means as it had, according to Parry, Liston, Preston, in England, and Bland, Trousseau, &c. &c., in France, rendered good service in facial neuralgia.—*London Lancet.*

MEMORIAL OF THE TRUSTEES AND FACULTY OF
THE ECLECTIC MEDICAL INSTITUTE OF
CINCINNATI.

To the Senate and House of Representatives of the State of Ohio:

We would respectfully represent that all parties in politics, religion and science, are, in a republican country, entitled to equal rights and privileges, and to equal justice in the usual course of legislation. All special privileges, granted to a favored class, and unreasonably withheld from others equally deserving, become a standing source of discord, by favoring the arrogance of the few, and by exciting the just indignation of the many.

The legislation of our country in reference to the science of medicine, manifested many years since, a spirit of injustice and favoritism, until the obnoxious laws were repealed by overwhelming majorities. At the present time, the only remaining feature of our legislation which excites the irritating thought of invidious distinction, is found in the peculiar arrangements, which have been established in reference to the Commercial Hospital and Lunatic Asylum of Ohio, a State Institution, located at Cincinnati. position, and to reject all others, no matter how eminent might be their qualifications. Such a system of monopoly of office, preventing competition and destroying responsibility, cannot fail to produce disastrous effects; sufficient proof of which is afforded by the remarkable fatality which has attended the medical management of the Commercial Hospital, in which the number of deaths has amounted to one-sixth of the entire number of patients. We would respectfully suggest, that instead of prescribing a fixed and irresponsible system of attendance, the trustees of the Hospital should be authorized and required to procure the best possible medical attendance,—should be responsible for the proper performance of that duty, and should have the power of selecting at their own discretion, the best talent, experience, and learning within their reach.

In the exercise of the exclusive privilege conferred upon the above mentioned faculty, a selfish monopolizing exclusiveness, and a disregard of justice, have been signally apparent. The privilege of attending upon the clinical instruction in the Commercial Hospital, has been converted by them into a matter of private interest and personal pecuniary benefit.

According to the designs of the legislature, a portion of the revenue of the Hospital was to have been derived from the fees paid by students for attending upon clinical instruction. The fees which might thus have gone to the support of the Hospital might amount to the sum of fifteen hundred or two thousand dollars, per annum, if the Hospital tickets were taken by all the

medical students of Cincinnati; and thus the interests of the Hospital might have been promoted, while the young physicians of our country would have been afforded a valuable opportunity for studying disease and its treatment,—thus in every way promoting the public interest. But in order to promote the personal interest of a few professors, the privilege of entering the Hospital upon payment for the ticket, has been arbitrarily confined to a particular class, comprising but a minority of the medical students of the city, the remainder being contemptuously refused admission into a state institution, to which all students of medicine have justly an equal right of admission.

By the act of 1839, the Legislature of Ohio, desired to place the medical students of all schools upon an equal footing. This act was defeated in its operation, by an unexpected contingency, which prevented it from going into effect; and the offensive distinctions between different classes of students who have equal rights, are still continued at an annual expense of between one thousand and fifteen hundred dollars to the Commercial Hospital.

If it be esteemed important to the State of Ohio to signalize a partiality or preference for the minority of the medical students in Cincinnati, to the discredit of the great majority, no doubt some plan might be devised for sustaining the invidious distinction without sacrificing the interests of the Hospital, and taxing the public to the expense of a thousand or fifteen hundred dollars, per annum, to gratify private jealousies and personal pecuniary interests. But if all invidious distinctions between equally meritorious classes of citizens, are unjust and oppressive, there can be no possible reason for paying a thousand dollars per annum, to perpetuate such distinctions.

We, therefore, pray that the trustees of the Commercial Hospital be authorized and required to procure the best obtainable medical and surgical attendance for the Hospital provided, that no additional expense beyond what is now required for such purposes, shall be incurred by them; and provided, that all clinical instruction which may be delivered in the Commercial Hospital shall be accessible upon equal terms to all students or practitioners of medicine, upon paying a fixed sum for the ticket of attendance, the proceeds of which shall be applied exclusively to the benefit of the Hospital, and to the improvement of its facilities for clinical and medical instruction.

J. R. BUCHANAN, M.D., *Dean*.
JOHN KING, M.D., *Sec. Faculty*.
J. D. TAYLOR, *President*.
I. WILSON, M.D., *V. President*.
A. S. CHEW, *Secretary*.

Feb. 1852.

PART III. EDITORIAL.

LEGISLATIVE PETITION.—The following petition was circulated in this city within the past few weeks, and in two days *ten thousand five hundred* of our citizens signed it, and in fact we may say that, Cincinnati as a community is in favor of equal rights being extended to us. The gentlemen managing this unjust monopoly of a State Institution may as well submit to what is right at once—for they will have to yield; and that before long—for it is right that all should enjoy equal privileges, especially when they are willing to pay for them. If our Legislature is disposed to comply with the wishes of our citizens, they will pass the bill immediately.

If by the passage of this bill, the Faculty of the Ohio Medical College become unable to support their Institution, as well as to pay the mortgage which the State has permitted them to give upon the ground on which their building is erected, and thus oblige them to throw up their contract, will not the State necessarily have to pay these debts, in order to hold the property?—As this surrender of their contracts appears to be the plan proposed by them, as may be seen by reference to page 222, of this Journal, we will say to all concerned, that the Eclectic Medical Institute will take the whole property off from their hands, and pay the State ten per cent. on all the investments; besides, they will pay into the Hospital fund, from \$1000 to \$1500 yearly.

“To the Honorable—the Senate and House of Representatives of the State of Ohio.

“WHEREAS, Under the present laws and regulations of the Commercial Hospital and Lunatic Asylum, of Ohio, at Cincinnati, the privilege of clinical instruction has been rendered a monopoly, to the serious pecuniary injury of the Hospital; and, whereas, a minority of the Medical Students in Cincinnati are allowed to enjoy exclusive privileges, from which the majority are unjustly excluded.

“We, the undersigned, pray your honorable body so to amend the laws regulating this Institution, as to render its clinical advantages accessible upon just and equal terms to all medical students who pay the usual fees for the benefit of the Hospital.”

BUCHANAN'S JOURNAL OF MAN.—The April No. of this work is now upon our table. In looking over its contents we find the following articles:

Gambling and Profligacy—Philosophy of Clairvoyance—Animal Electricity—Spiritual Communications—Light from the Spiritual Word—Familiar Table Talk.

We have frequently given our opinion of this work, but will now give a notice of it from the Boston Domestic Journal of Medicine. N.

"This is truly a scientific work devoted to the investigation of the most important scientific subjects of the age. In *Phrenology*, its improvements are so great upon the old system that it may justly be called the new. In *Psychometry* the discoveries of its author has been so great as to enable us critically to investigate the character of individuals, whether present or absent, living or dead.

In *Medical Philosophy*, it demonstrates by experiment new laws as to the operation of medicines not heretofore known in allopathy or Homœopathy, and points out the means of perfecting our Materia Medica, Pathology, and Diagnosis.

Prof. J. R. Buchanan, is one of the mental stars of our age—possessing a free, liberal and deep investigating mind, and who has made greater phrenological and psychological discoveries than any other man living. It will probably be fifty years before the mass of the people will appreciate the mental atmosphere in which he now lives.

This Journal is published monthly for \$1 per year, and each No. is pregnant with important discoveries which cannot fail to be of more value to the intelligent reader than ten times the amount of his subscription."

WATER-CURE & PHRENOLOGICAL JOURNALS. FOWLER & WELLS, N. Y. These journals for April are received; they contain their usual amount of useful matter. N.

RANKING'S HALF YEARLY ABSTRACT.—We have received No. 14, of this valuable periodical. This work contains 440 pages, yearly. The medical student, as well as the general practitioner, will find this one of the most useful works among our medical periodicals. For sale by H. W. Derby & Co., Cincinnati, O. Lindsay & Blackiston, Publishers, Philadelphia. Price \$2 per year; postage prepaid. N.

ART. VI.—*The Medical Students Vade Mecum. A compendium of Anatomy, Physiology, Chemistry, Materia Medica and Pharmacology, Surgery, Obstetrics Practice of Medicine, Diseases of the Skin, Poisons, &c.* By George Mendenhall, M.D., Lecturing on Obstetrics in the Medical Institute of Cincinnati; Member of the American Medical Association etc. Third edition. Revised and greatly enlarged. With two hundred and twenty-four engravings. Philadelphia: Lindsey & Blakiston. 1852. pp. 631.

We are gratified to perceive that the above *Vade Mecum* has been so far appreciated by the profession as to reach, within a few years, a *third* edition. In our notices of the two preceding editions, a favorable opinion was expressed in regard to the general arrangement of the work, and the manner in which the different subjects were discussed; and we are gratified to say, that the present edition is still more entitled to favorable consideration, from the fact that it has been carefully revised, enlarged, and illustrated with numerous well-executed wood-cuts.

The opinions of the profession in regard to the utility of works of the above class, are somewhat divided; it has been contended, indeed, that the tendency of such books is to induce a habit of indolence on the part of students, and a reliance on a mere *outline* as the actual foundation of their knowledge. We are not disposed to deny that there may be a few students who would be thus influenced; but such examples are certainly very rare, and by no means sufficiently numerous to establish a general rule, or to give force to a sweeping objection. We believe, therefore, that a *Vade Mecum*, when used according to the original design, may be made highly advantageous to students, and even to young practitioners. A condensed view of the different departments of medicine will enable a student to *review* his studies with great facility and comparative ease; and the young practitioner can in case of emergency, speedily refer to the practical departments, when he may not have time or opportunity to consult the more voluminous works. We are constrained to admit, therefore, that a well digested compendium of the different departments of medical science, supplies what would otherwise be a deficiency in the student's means of study.—*Western Lancet*.

REVIEW OF MATERIA MEDICA for the use of Students by JOHN B. BIDDLE, M.D., formerly Professor of Materia Medica in the Franklin Medical College of Philadelphia, Physician to the Pennsylvania Institution for the Deaf and Dumb, Fellow of the College of Physicians of Philadelphia, Member of the Medical Society of Hamburg. With Illustrations. Lindsay & Blakiston, Philadelphia.

For sale by H. W. Derby, & Co., 145 Main street, Cincinnati.

We copy the preface of this most admirable work, it speaks fully of the designs and object of the author.

"The dearth of elementary works on the *Materia Medica* proper, adapted to the use of American students, has long been felt. The *United States Dispensatory* and *Pereira's Materia Medica*, which are recommended as text-books to the lectures on this branch, in many of our medical schools, are too voluminous for convenient use for the purpose; and the numerous excellent treatises on *Therapeutics*, by American writers, are scarcely applicable to the subject as commonly taught among us.—This little volume, though not intended as a systematic text-book, the author hopes may be found useful in supplying students with a condensed *review* of the elements of *Materia Medica*, as a guide to the courses of lectures delivered on this department in the United States. It makes no pretensions to rank among original treatises, but is designed to present the leading facts and principles usually comprised under this head, as set forth by the standard authorities.

The illustrations of the work have been limited to representations of *indigenous* and *naturalized* plants, as most likely to be of practical use to the student. Most if not all of the important plants, which he may expect hereafter to encounter, will be found included in the list of illustrations. A like discrimination has been observed in the botanical descriptions of plants,—full notices of which have been confined to the *indigenous* articles.

THE MEDICAL EXAMINER AND RECORD OF MEDICAL SCIENCE. Edited by FRANCIS GURNEY SMITH, M.D., and JOHN B. BIDDLE, M.D.: Philadelphia, LINDSAY & BLACKISTON.

This sterling medical Journal has reached vol. viii. No. 4—new series; and, from the character of the papers it contains, it meets with the patronage from the profession it merits. Our readers will find on page 213, an able article extracted, detailing a number of surgical cases highly interesting to the general practitioner. Indeed, the great majority of articles, whether original or extracted, which the Examiner contains, are of that practical character as make the work almost a compendium of all that is useful or instructing to the searcher after truth in the great field, in which the truly scientific and useful members of the profession delight to roam. Too much credit cannot be given to those conductors of Journals, who devote their time and attention to benefitting their brethren, particularly in these days of cheap publications, when every man, be his capacity what it may, feels himself called upon to foist his lucubrations upon the world, whether they are of interest or not. We take much pleasure in commending this useful monthly to our readers. N.

ON THE TREATMENT OF ULCERS ON THE LEG WITHOUT CONFINEMENT: *with an inquiry into the best mode of effecting the permanent cure of Varicose veins.* By HENRY T. CHAPMAN, F. R. C. S., late surgeon to the St. George's and St. James's Dispensary; sometime lecturer on Surgery at the school of medicine adjoining St. George's Hospital; and formerly house Surgeon to St. Bartholomew's Hospital. London.

We have received the above work, and, after a careful examination of the same, will say that it is one of the most valuable works of the kind,

We have added our notes to this work, and will publish it immediately. N.

THE BOSTON DOMESTIC JOURNAL OF MEDICINE. Edited and Published by B. F. HATCH, M. D.; is issued monthly in numbers of thirty-two pages, in octavo form, with a cover, at the rate of *one dollar per annum, in advance.*

It will be devoted to the general cultivation of medical science, the preservation of health, and the cure of disease; in short, a home physician.

Filling a place, as it does, hitherto unoccupied in Medical Literature, it is believed that it cannot fail proving to be of great practical importance to the reader.

* * Any person forwarding, POST PAID, the names of three subscribers, and remitting THREE DOLLARS, shall receive the fourth copy gratis.

REFORM IN THE SALE OF ARSENIC.—A law has passed the present session of our Legislature, requiring Arsenic to be mixed with soot or indigo, before it is sold. Now, we think an important amendment to this Bill might have been made; and that is, to prohibit its use as a medicine. We think that all persons should have the same privilege with the use of it, that physicians have; they give it in small doses—which requires a long time to kill the patient; yet it is accomplished in most all such cases—while the more daring murderer will give it in large doses, and kill the patient at once. Now, where is any difference, morally speaking? N.

MURDER WITH ARSENIC.—Nancy Farrer, of this city, is now under conviction and sentence of death, for killing with the above *medicine*.

Jas. Summons, of this city, is also under conviction of murder in the first degree; the arsenic was administered by him, and killed one person—several others were badly injured. N.

THE
ECLECTIC MEDICAL JOURNAL.

Vol. IV.

June, 1852.

No. 6.

PART I.—ORIGINAL COMMUNICATIONS.

ON THE EMPLOYMENT OF WATER IN SURGERY.

BY C. H. CLEVELAND.

[CONTINUED FROM PAGE 122.]

Those who have read the two articles *On the Employment of Water in Surgery*, published in the two former numbers of this Journal, will have observed, that those articles are devoted, mainly, the *first* one to the *History* of the employment of this agent, and the *second*, to the kind, temperature, and the length of the continuance, of the application.

In the present article, it is proposed to finish the series, by an examination of the *principal modes of application of water in surgery*; and in the discussion of the subject, we shall, as in the former articles, follow, with some degree of exactness, the method adopted by the author, whose name is at the head of these articles. He says:—

“The various modes in which water has been used in surgery may be arranged under three grand divisions, viz., *water-dressing, irrigation, immersion*.

“*Water-dressing*.—In surgery we give the name of ‘Dressing’ to objects which are applied to a wound, and the name of ‘Water-dressing’ to these same objects wetted and kept moist during more or less time.”

It was by means of “water-dressings” that this agent was mainly employed by LOMBARD, PERCY, LARREY, TREILLE, &c., as has been noticed in the *historical* part of these papers: and in fact this was the method mainly adopted by the ancients, who were accustomed to apply lint, pieces of sponge, and other substances moistened with water, either simple or medicated, or mixed with

the oils, and of a mild temperature and of moderate thickness, so as not to incommode by too great weight. When sponges were used, they were sometimes applied immediately to the wounded surface, and at others, another substance was interposed, but in all cases the water, which was lost by evaporation or absorption, was supplied by frequent additions, and by this means they were able to keep the wound cool and free from pain, and while they added greatly to the comfort of the patient, they also expedited the cure.

In regard to the most suitable material to be used in *water-dressing*, there has been a diversity of opinions; and some curious experiments have been made for the purpose of avoiding the inconveniences of some of the articles used, and at the same time retain the advantages presented by others. PERCY says:—"If we take a piece of linen, another of common cotton cloth, a third of fustian, a fourth of English-dressed flannel, and a fifth of soft flannel, all of the same size, and saturate them with distilled water; if now we suspend them side by side, at the same height, exposed to the same degree of heat, on a summer's day, we shall find that the linen will dry almost immediately, the cotton soon after, the English flannel will be three times longer, and the soft flannel will remain wet some hours after the others are dry.

"It is true that the soft flannel will have absorbed the most, and progressively each will be found to have absorbed less and less, until the linen will have absorbed the least of all; but by multiplying the pieces, or by folding them together, and thus making them absorb the same quantity of water as a simple piece of soft flannel, we shall still see that the linen with all its folds will dry six times as soon as this flannel. It will be proportionally the same, also, with the other fabrics mentioned.

"Without doubt, the best vehicle for water used as a topical application, and that which ought to supply the place of cataplasms, fomentations, etc., is soft flannel, which, in addition to its property of retaining much more of this liquid than any other tissue or material, prevents also its becoming suddenly cooled, being, as we say, a very bad conductor of caloric."

But while the advantages to be derived from the use of soft woollen flannel (*molleton de laine*) are admitted to be such as are ascribed to it by PERCY, yet it should not be forgotten that it is by no means free from some serious objections, especially in winter, or in cold, damp countries, when to obtain continuous moisture, it is best to saturate the cloth with tepid water, and over that to lay a bladder, oiled, or a piece of oiled silk, or some other impervious substance, to prevent evaporation.

Professor Liston, and the other surgeons of the hospital of the University of London, the atmosphere of that place being cold and humid, have adopted a plan similar to the above, and Mr. MORSON says, that in that establishment they have banished

very form of greasy dressings, and that they proceed as follows :—employing simple water, or occasionally water medicated ; they take a thick piece of chapie (lint) which is to be moistened more or less with tepid water, according to the indications ; then place it on the wound, and cover it with oil cloth to prevent too rapid evaporation of the liquid. From time to time, usually every three or four hours, the lint is removed and dipped in water, and if the suppuration is very abundant, or of bad quality it is renewed each time.

JOSSE and A. BERARD employed at first compresses wet with water ; but they soon became dissatisfied with this method. The part under treatment was found to be subject to frequent alternations of heat and cold, since the moistened compress became rapidly heated, when not regularly renewed. A. BERARD also remarks, that such constant attention as this mode demands is sufficiently difficult during the day, but during the night it is almost impossible. It is easily comprehended how many circumstances may interpose to prevent a regularity in the temperature, and to induce a transition from cold to heat, or from heat to cold. Hence these two surgeons were led to adopt the *continued irrigation*, and this was a great step in the progress of Surgical Therapeutics.

“ Water-dressings, that they may prove useful, and be exempt from the inconveniences heretofore urged against them, must fulfill the following indications :

- “ 1. They must permit the pus to escape freely as fast as it is formed, and to be absorbed by the dressings.
- “ 2. They must be kept constantly moist.
- “ 3. Evaporation must be prevented, lest the part should become dried, or in other words, a uniform temperature must be preserved.”

MM. AMUSSAT, father and son, think they have been able to accomplish the above indications by a water-dressing, which they have invented and used, which is formed of four pieces of different tissues, one above the other, which they have styled, the *sifter* (*crible*), the *absorbent*, the *humectant*, and the *inevaporant*.

“ *Sifter*.—The *sifter* is a tissue perforated with a great number of holes, to allow the pus to escape as fast as it is formed, and separate the wound from the substance which absorbs the purulent matter.

“ The necessity of not permitting the pus to rest upon the surface of the wound has long been understood, and surgeons have been accustomed to cover the wound with a perforated compress read with cerate. But the perforated linen used in hospitals, and in civil practice does not fulfill the indications which we seek to obtain. Indeed, the holes being too small and too wide apart, and the pus becoming mixed with the cerate, the perforations are easily closed, and it serves no purpose whatever. With a view

to remedy this inconvenience, my father first laid aside the cerate and dipped the compress in water, but the pus still accumulated as before; he then used the ordinary gauze instead of the wetted compress. The spaces which separated the threads in the tissue were too small and the difficulty was not remedied. Finally he tried common *tulle* with very open tissue, which perfectly answered the indication. This is the tissue which he decidedly prefers, and which he has named the 'Sifter.'

"If *tulle* cannot be obtained, we may use linen with larger and more frequent perforations, or strips of linen arranged in quadrille form, with larger spaces than are usually left.

"*Absorbent*.—Isolation of the wound being obtained, in the manner which we have described, my father next sought what would be the best means of absorbing the pus as fast as it was formed.

"After having tried many tissues he has concluded that old rags from linen or cotton, sufficiently worn, answered this purpose best. He places a disk of proper size, after having moistened it with tepid water, over the *sifter*. This piece of dressing has received the name of *absorbent*.

"*Humectation*.—Humectation being the principal indication in answer in water-dressings, it became important to ascertain what substance would best accomplish this.

"After having tried, successively, discs of sponge, of soft flannel of soft cotton, of agaric, &c., my father has finally given the preference to punk (*amalore*), prepared without saltpetre or gunpowder. This substance with little volume, absorbs much water, is soft to the touch, and yields its water to the *sifter*, more easily than those which we have enumerated; we, therefore, generally prefer it. This piece of dressing has received the name of *humectant*.

"*Impermeable, or incaporant, tissue*.—A last condition remains to be attained, that is, to prevent the evaporation of the liquid, as much as possible. This indication has already been observed and answered by PERCY, who placed over the compresses wet with water, an impermeable tissue. In the same manner, we also protect the water-dressings. Almost any impermeable tissue will answer the purpose, but it is proper to mention, that, as in the country the means are not always so abundant, a hog bladder, soaked in oil, does very well. If we desire to prevent the evaporation completely, we must not neglect to make this cover larger than the other portions of the dressing, otherwise the pus will be along the borders of the dressing, a slow evaporation producing a coldness, especially in winter."

Dressings of the fingers, of the great toes, and of the penis ought to be completely enveloped in the impermeable tissues, as to form a sac, within which the moisture shall be retained. A piece of intestine or of caoutchouc, made into a sac and placed over the member, will serve an excellent purpose.

As it is usually desirable to produce an emollient effect, it is desirable to apply pure soft water of a temperature of from 64° to 77° F., and if the member be of a different degree of heat, the water will soon be reduced to the same, especially if the impermeable tissue extends to a considerable distance beyond the order of dressings underneath; but if it does not, and evaporation is allowed to occur, the dressings may become dry, and chilliness result.

As regards the time which the application should be allowed to remain without removal, this must vary with the effect to be obtained, as well as with the condition of the parts. If there be active inflammation, or a profuse secretion of pus, the dressings should be removed, and renewed quite often, but in cases where there is but little phlogistic action, and but a moderate purulent discharge, the dressings will not need to be renewed oftener than once in four to six, or even eight hours.

This mode of dressing possesses the very great advantage of not confining the patient, and if the wound be upon an extremity, of allowing him to attend to his occupation or amusement, if there is nothing else to contra-indicate it.

Water-dressings should not be discontinued too abruptly, as otherwise there will be danger of a recurrence of all the unfavorable symptoms. But we may gradually allow a longer time to elapse between each of the dressings, and also lessen the quantity of water applied to the compress, until it is finally omitted entirely.

It is only necessary that a trial should be made of this mode of dressing wounds, to convince any who can be convinced, of the very great superiority of water, over all classes and kinds of taplasms and fomentations.

Irrigations.—In surgical language, irrigation (from the word *irrigare*, to irrigate), is the bathing of a part; but thus considered, as M. MALGAIGNE has shown, the sense of this word is vague, affusions, injections, *douches*, etc., are bathings, and according to this definition, ought to be called *irrigations*. I think it is more suitable, and conforms better to common usage, to reserve the word irrigation, to designate the uniform flow of a liquid over the surface of the tissues.

Irrigations demanding special apparatus.—I will pass in review successively those means which have been employed by the various surgeons who have given most attention to this subject, and will explain finally, an extemporaneous method to which we may resort when the appliances are not at hand for any of the ordinary modes.

Apparatus of M. Jossé.—M. Jossé describes as follows, the apparatus which he has employed for irrigations.

A vessel, having a spigot near its bottom, is filled with water, and placed upon a narrow and high table, at the bedside of

the patient. The table should be about eighteen inches above the wounded limb. An oil cloth is laid so as to protect the bed, and facilitate the escape of the water into a pail placed below, and into which the extremity of the oil cloth is made to extend. This apparatus may be modified in a thousand ways, according to the circumstances attending each case. But it should be especially borne in mind, that the parts must not be kept exposed to the air.

M. Buschet's apparatus for irrigation.—We should have two large pails, one full of spring or well water, and the other empty. The latter is placed at the foot of the bed of the patient, to receive the water which bathes the limb. We suspend the pail containing water to the tester of the bed, by a strong block or rope or in any other way; we arrange it so that the bottom of the pail shall be directly over the wounded limb, and one or two feet above it. Then we must have a small glass or tin tube, of about the size of the little finger, bent at a very obtuse angle near its middle, so as to represent the letter U, with unequal branches of about three or four feet in length. We place one branch of this tube in the pail of water, and the other hangs over the wounded limb, the middle resting upon the edge of the pail. By a well-known law in hydrostatics, the water may be immediately made to pass from the pail through the tube, and be thus conducted upon the diseased limb, in a jet. In order, however, to set the current in motion, it is necessary to produce a momentary vacuum in the tube, by applying the mouth to the extremity of the outer branch. The water now passes in a continuous stream through the tube, upon the limb. But to secure all its possible advantages, two conditions are necessary. First.—The water must not fall from too great a height; and this is why it is important that the external branch should be very long, and the pail be hung as low as possible. Second.—The stream of water must be very fine and continuous; which may be effected by a small perforated cork, adjusted to the outer extremity of the tube, or by what answers the purpose equally well, a bit of sponge introduced in the same manner. This water, after having impregnated the compresses, the bandages and the lint, which envelope the limb, passes to the limb itself, bathes it, and falls upon the oil cloth, to be conducted from the bed into the empty pail of which we have spoken. The surgeon or attendant, has only to renew the water in the pail above as often as it becomes empty. The bandages and the dressings of the wound should be removed every second or third day, or even less frequently, according to the judgment of the surgeon.

Apparatus of A. Berard.—The apparatus of A. BERARD is like that of BUSCHET; except that in place of a single metallic syphon the mouth of which is closed with a cork more or less fluted, he employs one, or several tubes of glass, of small diameter, according to the degree of refrigeration which he desires to employ.

M. VELPEAU has figured in his *Operative Surgery* (vol. i. p. 265, of the original, and vol. i. p. 217, of the translation by Townsend, T.) a pail furnished at the bottom with a spigot, which communicates with a horizontal tube of the length of the limb to be bathed, and from this tube spring six other vertical tubes, which direct the water upon the surface of the limb.

Apparatus of Mathias Mazor.—A vessel of some kind, appropriate to contain water, and to be suspended above the patient, must be pierced with one or more little perforations, destined to receive the ends of pack thread, smaller than the perforations. The vessel being now filled with water, it will escape and be conveyed along these threads to the parts we wish to irrigate, and upon which these conducting filaments have been laid.

The property which fluids possess of coursing along a material easily procured as pack thread, and the facility of adjusting these strings so as to enable us to regulate at will the quantity of water, and its direction, these qualities, I say, are invaluable, and demand consideration. But what is of still greater consequence, the water follows these threads wherever they are placed, even when they lie very obliquely. This liquid, in fact, does not easily leave its conductor, except when the direction of this conductor is nearly horizontal, or when it touches another object, or when there is a knot loosely tied in the course of the thread.

In the second place, we can in this manner conduct the water from a distance, for however far the threads are stretched, they still continue to serve as aqueducts.

A third fact to be noticed is, that the flow of water will be proportional to the size of the filiform conductor, the current being larger, and the reverse.

A fourth point of importance is, that the conductor is soft and flexible, and therefore harmless if pushed against the sensitive parts, or if these are accidentally thrust against the apparatus.

A fifth circumstance favorable to this plan is, that the liquid passes *imperceptibly* upon the part, and does not irritate by its fall; while a liquid cannot descend from tubes without a kind of shock being always felt at the place when it strikes the limb.

A sixth consideration, and one which results directly from this absence of percussion on the part of the water, and from its gradual diffusion, as well as from the flexibility and suppleness of the conduit, is, that the water reaches its destination even when there is some motion in the vessel or the threads, or in the part itself which is submitted to irrigation.

We can easily distribute the water to several persons at the same time, and from the same vessel. This vessel is pierced with a number of holes, into which the ends of a corresponding number of threads are passed, and drawn through sufficiently to be secured to some point of the rim of the vessel. Each perforation not in use is closed with a little plug, which may be removed

at pleasure to permit the water to escape. To a like simple apparatus, whenever the wounded are brought together in an ambulance, in a hospital, or in a carriage intended to transport one or more wounded.

This method seems peculiarly appropriate in the treatment of wounded on shipboard, or in case of accidents from explosion of boilers or collapse of flues on board the steam boats of our large rivers, or the lakes, or even on board the steam ships of the ocean.

M. MAZOR, has also proposed to replace the syphon by a fillet of coarse cloth.

Apparatus of M. Guizot, Surgeon to the Hospital of Rennes.—This apparatus for irrigation is composed of three boards and a large tunnel. The boards are placed as follows:

Two short upright pieces are secured to either side of the bedstead, upon which the third is laid transversely. This latter is perforated with a hole sufficiently large to receive the end of the tunnel, in which when arranged, the tunnel is to be dropped, its mouth resting directly over the part to be irrigated. The oil cloth must be placed so as to protect the bed, and drain off the water in the usual manner.

M. CHAUMETTE, of the hospital of Saint Andre, at Bordeaux, employs also a large tunnel, which he suspends over the bed of the patient. From the lower orifice of the tunnel, a bundle of pack thread reaches the part he wishes to irrigate.

Apparatus of Dr. James Macartney.—This is a box made of zinc, much like a fracture box, in which the upper or lower extremities of the patient may be placed. The water or the medicated fluids are conducted, by means of a flattened tube, of which one extremity is joined to the reservoir, and the other traverses the upper wall of the box. This tube contains a band of coarse cloth, which is large at one end, and at the other terminates in a point. The first is received in the vessel which contains the liquid, the other rests upon the dressings, or is suspended above them. The water follows the band of cloth by virtue of capillary attraction, or after the manner of a syphon. For the purpose of draining off the water, the box has a concave bottom, pierced with large holes, through which the liquid may escape into another vessel placed without the bed. The member rests in the box upon a soft cushion, covered with an impermeable cloth.

Apparatus of M. Equisier.—This apparatus is composed, as we know, of the body of a pump in which moves a heavy lead piston. At the lower extremity of the reservoir is an orifice furnished with a spigot, to which also is attached an elastic tube designed to conduct the water; the liquid is forced out by the weight of the piston. This apparatus is very convenient, because it can be placed upon any piece of furniture near the bed of the patient; but in general it is too expensive to be much employed, if it is of

a proper and convenient size. Those ordinarily employed are small, and require to be refilled constantly. The same is true of all those different forms of apparatus in which the liquid is put in motion by galvanized caoutchouc tubes or strips.

Apparatus of MM. Amussat.—A sufficiently large vessel of zinc or earthen ware, is placed upon an elevated piece of furniture near the bed; an elastic syphon, furnished with a stop cock, guides the water from the reservoir upon the tissues. The part undergoing irrigation is quite isolated by means of a gutter, or of impermeable cloth, so arranged as that the water does not moisten the neighboring parts, and escapes freely into a vessel placed near.

A compress placed upon the member serves to disperse the water uniformly. Ordinarily we adapt to the extremity of the syphon tubes a strip of linen, divided into bandalets, which serve not only to direct the liquid, but principally to obviate its dynamic effects.

Once mounted, this apparatus works of itself, provided care is taken to prevent the vessel from becoming empty, so that the flow of water may not be intermittent. We ought also to be particular in relation to the cleanliness, and especially to the temperature of the water, *which should always be uniform, and not cause any disagreeable sensation to the patient.* [The last clause of the above I have italicized on account of its great importance—C.]

When we wish to submit an extensive surface to continued and abundant irrigation, we ought to employ an apparatus which discharges its water in several streams, rather than one which is furnished with one single large conductor. In fact, where water flows in a large stream, it becomes warmer as it passes over the tissues, and the whole surface is not submitted to a uniform temperature.

If continued irrigations are to be made in any case with cold or ice water, it will be best to commence with tepid water, and gradually lower the temperature. Without this precaution, we are in danger, not only of causing to the patient very disagreeable sensations, but even great accidents. In a case of extensive lesion, SANSON saw tetanus supervene in consequence of very cold water.

In pursuance of the principle which we have sought to establish, we ought to be exceedingly careful that the temperature of the water is not suddenly changed, and especially that its current is not interrupted, for a severe inflammatory reaction might result. When it is thought proper to suspend the water, its temperature should be gradually raised, and we ought ever, as CLOQUET advises, apply it for only a few hours each day before withholding it completely.

The quantity of water, it appears to us, should be regulated by the degree of inflammation; that is to say, if it is feeble, a con-

tinued moisture will suffice; if very intense, on the contrary, the fluid should be poured upon it very abundantly, inundating, so to speak, the part, especially if the water used has a temperature of 18° or 20°, C. (64° to 68° F.) This liquid placed in contact with the tissues subtracts morbid caloric, and the more then developed, the more water should be poured on, taking care, however, that the temperature is not too much below the standard of health.

The irrigation ought to be made, not only upon the part wounded, but also upon a considerable extent of surface about; without this precaution, serious accidents may occur in parts we supposed to be at first sound, and where no inflammation is developed at the point of injury which is submitted to the action of the water.

I possess many cases which prove clearly, that persons wounded have succumbed from accidents developed in the vicinity of the point where the irrigation was made, and this doubtless explains why some authors have said that water masks the phenomena of inflammation, and does not prevent the development of purulent channels. I do not deny that this may happen, even when irrigation is well applied; but I am persuaded that in most cases the cause will be found in the application of the water to a too limited surface.

The author remarks, that in the absence of the materials of which *their* apparatus is composed, the surgeon will be obliged to modify his apparatus, and gives several modifications to suit different situations and circumstances; but as these will readily occur to the mind of any surgeon of even moderate inventive genius, I have thought not best to occupy space by their insertion. The apparatus used is of but minor importance—while the entire success of the treatment may depend upon the mode, amount, and the temperature of the water applied—and I hasten to the consideration of these subjects of the most vital importance, and shall be the more minute and particular, because of the grave errors inculcated in this country by those who from their constantly reiterating that *they* alone possess correct knowledge in regard to the use of water, have succeeded in a good degree in gaining the public ear and the public confidence.

Temperature most suitable for Irrigations.—Upon this subject, I will only add to what I have already said when speaking of temperature generally, that cold irrigations have almost always been employed by MM. A. JOSSE, BERARD and BUSCHET, and that after having experienced some of the inconveniences of cold, they have concluded that we ought to be governed by the sensation of the patient in determining upon the degree of heat or cold.

According to our own experience, tepid water is preferable in a majority of cases; yet it is wrong to prescribe cold water absolutely, as we have before said.

How long ought the Irrigation to be continued.—It is difficult to fix the proper duration of irrigations, for it must depend upon the nature of the affection, the temperament of the patient, the stage, whether acute or chronic, of the malady. Nevertheless, I will state some of the rules which surgeons most accustomed to the use of irrigations have laid down.

Those who employ cold or ice water are in the habit of suspending it when the patient complains of a feeling of cold, in the part submitted to its action; but we must not be too hasty, for M. Jossz tells us that under these circumstances he had but too often seen the inflammation reproduced in all its former intensity; and we have ourselves verified the justness of this remark. It will be advisable then, not to suspend the application of the water, but gradually to raise the temperature until the patient no longer experiences any disagreeable sensation, and not to change the treatment until all chance of inflammation has disappeared. When we use tepid water, we may continue the irrigation a much longer time, since the process of reparation of traumatic lesions goes on very regularly under its influence. My father employs them ordinarily fifteen, twenty, or twenty-five days, and then he substitutes for them water-dressings, which he renews as often as may be necessary to preserve their moisture. We ought, however, to resume the irrigations when a return of the inflammation is threatened.

In regard to the particular cases in which irrigations may be employed, it is not thought necessary to specify, farther than to say, that in all cases when inflammation follows surgical accidents, from the mildest, and those of but limited extent, to the gravest and most extensive, they may be used to advantage, but it is where the inflammation is very violent, and with difficulty controlled by the means ordinarily in use, that their great power is most happily displayed, as well as in those cases where the purulent secretion is copious and profuse.

Advantages.—In violent traumatic inflammations, water constantly renewed, and kept at a uniform temperature—abstracts the morbid caloric, and afterwards, where suppuration is established, the pus is removed as fast as it is produced, and we have less reason to apprehend purulent absorption and its consequences.

Inconveniences.—In truth I know of none which may not be attributed to any other therapeutic agent, if improperly applied.

If, for example, the temperature is too low, there may result too violent repercussion of the inflammation, gangrene, &c. If the water does not escape freely, but only irregularly, there will follow mischievous alternations of action and reaction, the same as if the temperature was irregular. These points demand, therefore, the greatest attention.

It has been said, that irrigations act superficially. The numer-

ous cases of grave and deep lesions, in which this means has been employed with wonderful success do not permit me to hold this opinion.

En resume, continued irrigation is a powerful means which has already rendered the greatest service in many cases, and which could render still greater service if it were better appreciated. I shall be happy if I have succeeded in recalling attention to this means, and if I have successfully shown that the inconveniences with which it has been charged, are due, mostly, to the too low temperature of the liquid employed. On account of the difficulty of finding an apparatus suited to all circumstances in which we may be placed, I have sought to indicate simple methods, and such as may be adopted everywhere. If, however, irrigations could not be employed, we might have recourse to *immersions*, or to the water-dressings.

Immersion.—Immersion is the act of plunging the body, or some portion of it into a liquid; in a word, it is a bath, either general or local. In surgery, immersions being usually made during a certain period, and with a uniform temperature, and sometimes even with a constant renewal of the liquid, it is proper I think to speak of immersion as *continued*, as we do of irrigation. Perhaps, also, the word *maceration* might be substituted for immersion.

The surgical employment of immersions, or baths, dates back, as will be perceived by a reference to the *historical* part of this essay, at least to the time of LAMORIER. The three cases which he cites are quite remarkable, and had it been considered proper to notice those in which *mineral* waters were employed, many others might have been referred to.

"There are," says Percy, "external affections in which the local heat is so intense as to dry rapidly the thickest compresses drenched with water. We risk nothing then, in applying them *moderately cold*; and if the part can be *plunged in a bath*, nothing will more effectually check the fury of the vital actions, and restore calm and regularity to the orgasm."

Since PERCY, immersions had been employed but seldom, except by the military surgeons, especially in cases of sprains, when, in 1841, M. CHARLES MAZOR, published a memoir entitled, "*On the Localization of Baths upon the different parts of the human body*." In this very interesting work the surgeon of Lausanne has endeavored to call the attention of surgeons to the advantages which can be derived from the use of water by immersion, and to make known the various kinds of apparatus which he has invented for the purpose of applying isolated baths to different portions of the body.

The apparatus of Mr. C. MAZOR consists of metallic vessels adapted to the form and size of the part which they are destined to receive; they are terminated in *cul de sacs*, if designed to bathe

the extremities of the limbs, and open at both ends if intended for other parts, and furnished also with ruffles made of caoutchouc or bladder, to prevent the water from escaping.

Mr. C. MAZON closes his memoir with the following conclusions:

First. These different kinds of apparatus are easily obtained in any place, and at small cost.

Second. They enable us to localize a bath upon all portions of the extremities, and without the patient being obliged to put his limb out of the bed, or in a declining position, which is often fatiguing, and sometimes mischievous or impossible; we ought always to be able to select and keep that position which is most convenient.

Third. The liquid, not undergoing any evaporation, will retain its warmth a long time, especially if we take the precaution to surround the vessel with a bad conductor of caloric. The slight subtraction of caloric resulting from the coolness of the walls of the vessel, will be compensated by the heat which the diseased limb supplies to the small quantity of water which surrounds it.

Fourth. If we wish to bathe the hand, forearm, or the arm, the apparatus furnished with rings and cords might, under certain circumstances, be suspended from the neck of the patient by means of a sling, and he could be permitted to go out and attend to his business, while he is at the same time continuing his bath.

Fifth. The liquid can be renewed without changing the position of the limb, or cooling the part which is subjected to the bath.

Sixth. Since it is necessary to use but little liquid, the cost of combustibles is almost nothing, and the trouble of preparing it is trivial; and if medicated baths are employed, they will be attended with but little expense, even when such expensive articles as the iodurets, the sublimates, &c., are employed.

Seventh. The vessel, being hermetically closed, does not permit the volatile principle to escape, which the water may contain.

Eighth. The apparatus, having two openings, can be used when we wish to submit the limb, or a portion of a limb, to a continued current of water. For this purpose we have only to adapt to the upper orifice an elastic tube communicating with a vessel placed at a height proportionate to the degree of impulsion we wish to give to the water. The inferior orifice remains open, or it may be made smaller by inserting into it a perforated cork, or a stopcock.

Dr. LESERT, who has employed the local baths with M. MAZON's apparatus, says: I have used these baths in a great number of cases, and found them most useful in diseases of the joints.

In eight cases of disease of the bones, I have seen the suppuration promptly diminished, and the condition of the soft parts improved by this treatment. In several cases of white swelling

and of caries of the foot, the patients could not endure the position requisite for the ordinary foot bath, while they have taken the local baths with the apparatus of Dr. MAZOR, without changing their position, and while lying in bed.

Immersions are more particularly applicable to diseases of the extremities and the limbs, and the parts while in the bath must be placed in the position most favorable for the return of the venous blood, and for the ready escape of the pus as fast as it is secreted. In case of injury to the fingers, toes, or the penis, we may make use of a bladder, a portion of an intestine, or a bag or tube of caoutchouc, in place of the apparatus of M. MAZOR.

In the most severe surgical accidents, we should commence, if possible, with immersions or irrigations, or both, and terminate with water-dressings. Sometimes even, we may unite the three modes for the purpose of avoiding the usual painful dressings, and securing those great benefits which we have a right to expect from water.

Finally, immersion is a procedure which seems to have great efficacy in cases where water is required to act upon the deep structures; here, therefore, it can be profitably substituted for irrigations, whose effects generally are more superficial.

In comparing the three principal modes, we observe that the water-dressings, if properly made and often renewed, is generally more simple, and more easily applied, than immersion or irrigation; that it has, moreover, the advantage of taking off at each dressing, the pus and the stratum formed by a mixture of the purulent matter and the substances contained in the water; the granulations are thus kept always red and clean.

Irrigation is more powerful than water-dressing, but more difficult, and sometimes even impossible to apply.

Immersion is more powerful than either, more prompt, and in all respects superior whenever it can be properly applied.

M. AMUSSAT closes his *Thesis* with the following

Conclusions.—The history of this branch of surgical therapeutics proves, that from the origin of the art of surgery, and even before this epoch, water was the agent to which recourse was instinctively had to assuage pain.

But soon miraculous waters, balsams, and ointments of all kinds were employed, and their use was continued during a long succession of ages under the protection of barbarism and charlatanism.

At last that great school, the Academy of Surgery, did justice to polypharmacy, and directed all its efforts to simplify dressings; but it was only at rare intervals that a surgeon recognized the superiority of water for the accomplishment of this end.

Lately, efforts have been made to demonstrate the utility of water; but hitherto the old methods have prevailed, irrigations only being employed, and even their use is very limited, and so to speak, exceptional.

Water used locally, and at a proper temperature, is, in the treatment of surgical affections, the most powerful antiphlogistic which we possess; it is also the most easily procured, and the most easily applied; it cleanses, cools the wound, assuages the pain; is the best balm, and as BAIOT says, *le vulnereux par excellence*.

The use of water, topically, embraces three principal modes, under which all others may be classed; these are water-dressings, irrigation, and immersion.

Water-dressings, such as we have described, that is, properly moistened and renewed, are destined to render important services to surgery.

Irrigation is an excellent means, which has already rendered much service; but it is too seldom employed, and, indeed, it has been almost abandoned, on account of the difficulty attending its application, and the accidents resulting from the too low temperature at which it has been generally employed.

We have sought to diminish its inconveniences by indicating more simple apparatus, and by insisting upon the use of *tepid* water, which it appears to us, ought to be preferred in the great majority of cases; still we think that immersion and water-dressings can often be substituted with advantage.

Immersion, or the local bath, more or less prolonged, is too much neglected, even where the parts can be most easily immersed; it is a means whose results are very prompt, and infinitely superior to cataplasms, and even to irrigations or water-dressings.

By these three methods, separate or combined, we can meet every indication, and obtain results truly wonderful. It is sufficient to make a trial of them in lesions of the fingers and penis, to force a conviction of their superiority over all other modes of dressing, and to ensure their application afterwards, in the most serious lesions, wherever their seat.

Finally, I have endeavored in this essay, by historical documents, and by comparative experiments, to establish the advantages of water over every other topical application; and after the remarkable results which have already been obtained, I am encouraged to hope that soon this therapeutical agent will occupy the first place in surgery as a local antiphlogistic.

It has been intimated that the learned author of the Thesis, from which we have extracted the foregoing, is engaged on a more elaborate work upon the use of water, and if such be the fact, we can but hope that the translator, who has so happily rendered the present work into English, will also favor the profession in America, with the larger one, in our vernacular.

Waterbury, Vt.

THE VETERINARY ART.

BY G. S. DADD, M. D. V. S.

The veterinary art, which I profess to teach and practice, has been too long neglected, *in this country*; that the community should neglect it is not, under the circumstances, a matter of surprise, for they have estimated it in exact ratio to the abilities of the barn-yard "*Doctor*!" But for medical men to let such golden opportunities for investigation in the broad field of comparative anatomy, which this peculiar department of practice presents, is truly unfortunate. The great surgeons of Europe have always given this science their cooperation and support, and have considered it so identified with human practice, that they have termed it the "*sister science*," and would as soon think of separating the practice of medicine from that of surgery as to draw a line of demarcation between human and veterinary therapeutics. One of the most distinguished veterinary surgeons England ever produced says, "So much analogy is there throughout, between the structure and economy of the horse and those of the human subject, and so alike are the chief phenomena of pathology, that the *Doctor* has but little to do to become a veterinary surgeon." . . . "The theory of medicine in the human subject is the theory of medicine in the brute; it is the application of that theory—the practice alone that differs; whether we prescribe for a man or a horse, a dog or a cat, the laws of the animal economy are the same in all and one, and that an unerring system of principles, built upon ascertained and established truths, is to dictate our practice in all. Every day's experience only serves to confirm this our belief; in showing us how often the disease of a horse arises from the same causes of those of a man, exhibits the same indications and require a similar method of cure."

I sincerely hope that American physicians will take hold of this subject and give it that attention which its claims demand, and I sincerely hope that you and your associate *professors* will instruct students to explore this most delightful and interesting field of science.

The following case, reported by J. Baker, V. S., for the London "*Veterinarian*," I have thought may prove interesting to some of your readers, and if so, I have more of the same sort.

SCROFULOUS DIATHESIS IN A BULLOCK.

During a late visit to the hunting establishment of Robert Mildyard, Esq., *Manor House*, Stokesley, accident led me to that part where animals are slaughtered for the use of his pack of hounds. While there, a bullock about sixteen months old was brought in, the property of one of the most eminent "*short-horn*

breeders," in the North Riding of Yorkshire. A few days previous to this, my father had been requested to attend this beast, but upon doing so, gave it as his opinion that the case was one beyond the power of medicine, and recommended the animal to be destroyed. When brought into the slaughter yard, it was very thin in condition, and was in such a debilitated state, that it had not been able to travel half a mile without lying down. This animal had been one of the most thriving in the stock, and was looked upon with no little interest by its owner; but when about twelve months old, it ceased to grow so well as it ought to have done. Castration was then performed, and the animal sent to a farm some miles distant, in hopes that a change of pasture would be beneficial.

At first sight there was nothing peculiar in the appearance of the bullock, with the exception of the attenuated condition already named. But, on attentive examination, there was a peculiar listlessness and languor which well betokened the existence of disease in some internal organ, the exact nature of which, however, I was not prepared to determine.

I shall now describe, as briefly as possible, the appearances of the different organs as they came under my observation. The first examined was the liver, which was in a peculiar condition, from the presence of tuberculous matter, of a yellow color and dense texture, deposited in isolated roundish masses and developed in various parts of its surface. Otherwise the appearance of the gland was healthy.

I next examined one of the kidneys, which was considerably enlarged. Upon passing a scalpel through a portion, which seemed lighter in color and more prominent than the rest, there was a grating sound, as if it had come in contact with small gravel, followed by an escape of a fluid, resembling pus, containing floculi of a curd-like matter in suspension. On passing the finger into the orifice made by the scalpel, it had a peculiar gritty feel, and contained something of a calcareous nature embedded in the glandular substance.

My attention was next directed to the mesenteric glands, which were of an unusually large size, and when put into the scales, they weighed $6\frac{1}{2}$ lbs. They seemed to be composed of a mass of tuberculous matter, in various stages of development. On opening some of them, they presented a dark yellow appearance of dense consistency, and the gritty feel before mentioned. Others were of a lighter color internally, and looked as if the matter was in a state of disorganization. Others, again, presented large internal cavities, and as soon as pricked by the scalpel, sent forth a fluid resembling whey, which emitted a peculiarly faint odor.

The heart next came under my observation, as presenting a very peculiar appearance. In the first place, it was of very large size; the total weight of matter contained in the pericardium

being 26 lbs. On passing a scalpel through the fibro-serous membrane and its contents on a line, as near as possible with the septum ventriculorum, I was very much surprised to observe the heart itself totally enveloped from its base to its apex, in a dense mass of tuberculous matter, varying from two and a half to four and a half inches in thickness. Unlike the other morbid products which I have described, this seemed to present one uniform state of development. There was no softening either in the centre or the circumference, but a similitude of structure throughout.

The substance of the heart itself appeared to be in a state of atrophy; the muscular fibres being pale in color, and loose in texture. I carefully examined the tricuspid, mitral, and semilunar valves, without being able to discover any tubercular deposits; indeed, the interior of the organ was perfectly normal, with the exception of an osseous deposit in the septum auriculorum.

By careful dissection, I could separate the pericardium from the tuberculous matter, to which it seemed to be attached by a layer of areolar tissue. Probably my dissection might be faulty; but when I attempted to separate the morbid deposits from the parietes of the heart itself, I could not succeed without injuring the muscular structure of the organ.

Between the tubercular deposit and the base of the heart there was the usual quantity of adipose tissue.

There was no fluid of any kind inside the pericardium.

I have never seen in any previous dissection the coronary arteries so largely developed.

The scrofulus diathesis is a disease, so far as I am aware, that has escaped, in a great measure, the notice of writers on cattle pathology; this may be, doubtless, owing to peculiarities of district, &c., as I have never met with it myself but on one farm and in one stock; and though I have sometimes read of a complaint called *clyers*, referring to a diseased state of the glands of the neck, yet the manner of description, and the method advised for the cure, leave us very much in doubt whether the writers in many instances, understood the true nature of the ailment.

I have seen the glands of the head and neck very much enlarged and in various stages of morbid development, some hard in texture, others containing a milky puriform matter of the consistence of thick cream, and of a peculiar faint odor. Not above three months since, I was present in a butcher's shop, where a beautiful heifer, high bred, and very fat, of the same stock as the bullock above mentioned, was about to be slaughtered, and which I knew was affected with scrofulous enlargements about the head and neck, and on the butcher taking off the anterior extremity, he cut into a large tumor, containing about three pints of the cream-like matter just described.

I have also seen enlargements of the mesenteric glands, but never in any one instance observed or heard of the tubercular

diathesis being developed inside the pericardium, as in the above case. And it is the more remarkable, when we reflect to what an extent the morbid growths had already proceeded, the animal not being much above half grown. The heart itself, at the utmost, would not weigh above three pounds, thus leaving twenty-five pounds weight of a foreign substance closely attached to an organ which is the centre of the circulation, and whose unimpeded action is deemed essential to the prolongation of life. It would appear almost impossible for the heart, situated as it was, so to contract upon its contents as to send the blood in a normal manner to the various parts of the organism.

I believe it is a disputed question, whether the matter which forms tubercles is *organized* or not. Hooper, after quoting Lænnac on this point, says, "Tubercle is thus regarded by Lænnac as an *organized* product, which undergoes changes by virtue of actions carried on within itself. This opinion, however, is now generally considered erroneous, and tubercular matter is regarded as a mere *unorganized* deposit. The softening process does not arise from any action carried on by the tubercle itself, but from the action of the surrounding living parts. Lænnac, in supposing that it commenced in the centre of the tubercle, appears to have been misled by an anatomical deception, which has been pointed out by Dr. Carswell. The softening generally commences at the circumference, and is always caused by the admixture of fluid secreted by the vessels of the surrounding texture, which are irritated by the presence of the tubercle acting as a foreign body." Now, in the case of the mesenteric glands, before mentioned, I think we might distinguish three distinct stages of development, and so far as my judgment would lead me, I should decidedly infer that the softening commenced at the centre, and not at the circumference; for whilst the glands had the same appearance externally, they presented very marked internal difference when opened.

There is one thing which I have to regret, viz: that the peculiar manner of destroying this animal prevented the possibility of my dissecting the brain. Darkness also put a stop to a minute examination of the lungs, or I have no doubt vomica would have been found to some extent in their structure.

Boston, Mass., May, 1852.

CHLOROFORM FOR ANIMALS.—A stallion was subdued in forty seconds, at Washington, preparatory to a severe operation. He lay perfectly quiet, and unconscious of the loss to which he had been subjected. This suggests the propriety of giving chloroform to all of our domestic animals, when they are doomed to the painful maimings which we impose upon them in our domestic economy.—*Boston Med. and Surg. Journal.*

PART II.—MISCELLANEOUS SELECTIONS.

TREATMENT OF CONSUMPTION.

With all the alleged remedies and proposed palliatives, this disease still defies the skill of the profession. Irregulars are managing a profitable business, simply because sufferers by consumption have no confidence in any order of educated physicians, whether of the old school or new. No one is blamable for this state of things, and yet it is excessively mortifying that accomplished, learned practitioners cannot compete with ignoramuses who never read a book in their lives. We are told that the reason why such adventurers are employed by those who ought to set a better example, and show some respect for a well-taught, laborious, conscientious medical adviser, is that the profession has not made a single advance in regard to the treatment of pulmonary consumption since the days of Galen, and therefore it is justifiable to call upon those who are trying to improve upon the little they do know. Thus quacks are supposed to be advancing, while we stand still, in the dignity of insulted majesty, feeling that our rights have been invaded by knaves. This impression is extensively radiating; and if we cannot make any judicious movements in this particular line of medication, our services will ultimately be wholly dispensed with, and a further mortification may be expected. Persuading patients to go South or die, or urging them to remain at home in the midst of their friends, effects no cures. Why should it not be advisable to give them an opportunity to try the influence of an extreme northern location? Our medical friends have not experimented in that direction, and consequently the field is open for a beginning. Without assigning reasons for suggesting this plan, there are strong ones for believing that beneficial results might be calculated upon by adopting this new course. If any of our correspondents have made explorations, and ascertained what might be expected, good or bad, from placing consumptives at the north of Quebec, at an early period of the disease, it would be extremely gratifying to hear from them.—*Boston Med. and Surg. Journal*.

So far as the Eclectic Practice is concerned, we claim to have improved some in the treatment of this disease. N.

PROGRESS OF MEDICINE IN AMERICA.

Whatever of importance is discovered in Europe is quickly propagated in the United States. Youthful as the institutions of this country are, they contain the elements of thrift. They

encourage the search after knowledge from all parts of the globe, and its diffusion among the people. This is the way to have a nation of intelligent minds. True prosperity and happiness depend upon education, and the moral nature is strengthened and matured by those processes which unfold the innate powers of intellect. The more science we have in practical medicine, the more we shall want; and predicting its future state upon this acknowledged principle, it is probable that this comparatively new region of the world is destined to take the lead in coming ages, in medical literature and science, as is now done by London and Paris. At present no section of Europe can boast of a higher order of professional talent, or greater devotion to the interests and advancement of whatever pertains to the healing art, than America. It is quite wonderful, since the organization of the United States government, still within the recollection of many living witnesses, how much has been accomplished among us.—Schools, books and libraries have multiplied astonishingly, and within fifty years far more has been gained for science and humanity than marked the progress of the same pursuits in Europe in two centuries. But this is due in a measure to the fatherland. We shine in too many borrowed plumes. Respecting the number and inactivity of our schools of medicine, no comments are here necessary; since it is obvious that, while they are too numerous for themselves as well as the public, they actually give an onward and upward tone to the progress of the doctrines they teach. While the old countries, therefore, are approaching their dotage, Young America is full of life and vigor. Medicine in America cannot lose its character, nor permanently deteriorate. The weeds of opposition may interfere for a time with its growth and choke it, but it will live, expand, and benefit the nations. In no one branch of human acquirements, we are inclined to think, will these United States take a more preeminent rank, in future years, than in medicine. If our present condition is any indication of progress, there is no limiting the extent of our successes in this noble, but at present imperfectly appreciated, science.
Boston Med. and Surg. Journal.

SARRACENIA, PURPUREA.

BY C. H. CLEVELAND, M. D.

Among the many indigenous plants, possessing valuable medicinal properties, though not mentioned by writers on *Materia Medica*, that which stands at the head of this article is not undeserving the critical attention of the practitioner of medicine.

I find no mention made of it in the *United States Dispensatory* by Wood and Baché, in *Perceira's Materia Medica and Therapeutics*,

in the *American Vegetable Practice* by Mattson, nor in *Beach's American Practice and Family Physician*. As I have never seen the *United States Eclectic Dispensatory* by King and Newton, I am unable to say whether that contains a notice of the plant, or not. It may seem strange, that so peculiar a plant should escape the notice of most writers; but it is to be hoped, it will not longer remain in obscurity.

The *Sarracenia*, or *side-saddle* plant, is placed, by Eaton and Wright, in the class Polyandria, and order Monogynia. In the natural arrangement, it belongs to the class Endogenes, and order Sarraceniaceæ. Linneus placed it in the same class in which Eaton and Wright have since arranged it. It is a native of North America; and, as yet, has been discovered in no other part of the world.

Its flowers are solitary and terminal, calyx double, persistent, three and five celled, three-leaved externally, five-leaved internally; corol five-petalled, caducous; deciduous, erect; stigma very large, erect, permanent, covering the stamens, clypeate, peltate; capsule five-celled, five-valved, many seeded. Leaves radical, alternate, operculoid, retorsely pilose—the pilosity causing everything which falls upon the leaf, to be carried toward the petiole.

The leaf is also furnished with a lateral wing, which assists in supplying the cup-portion of it with animal and vegetable substances; and these substances are retained in the water, which is almost always present in the base of the cup, where they undergo decomposition, or a sort of *digestion*, and serve as nutriment to the plant.

Of the *sarraceniæ*, there are several varieties. The one above-named is the only one which has fallen under the observation of the writer. The *heterophylla* is a rare and curious variety,—said to be found in the swamps in Northampton, Mass. The *rubra* is a southern variety. *Flava* is, also, a native of the South. The *variolaris* is found near Charleston, S. C. The *drummondii* is found in Florida. The *psyllucina* is a native of Georgia, Florida, and Louisiana. All these varieties are found most abundantly in wet places; and the *purpurea*, when observed by the writer, is always a habitat of sphagneous bogs.

As long since as the writer's earliest recollection, an aged female living near his father's residence, was famous for the *syrup* which she made for the cure of chlorosis and other derangements of the uterine organs, and for the relief of dyspepsia and other gastric difficulties. Not all the ingredients of the syrup were made known to those who purchased of her; but, after a time, it was discovered, that it owed all its active properties to the *sarracenia*, with perhaps the mucilage of the *osmunda regalis*. Within the last five years, I have again had my attention called to the side-saddle plant, from learning, that it was used by a Canadian French doctor as a regulator of uterine derangements;

and, for several years, I have, with satisfactory success, prescribed it, in many cases of gastric disease, in the form of an infusion, or in that of a syrup, made from the leaf or the root.

During the year 1847, Dr. F. P. Porcher, of South Carolina, experimented with the *root*, or that portion of the stem which is below the surface of the ground; and he details the following results. He thinks the *bitter* and *astringent* principles of the plant are imperfectly extracted by water, and that the *decoction* is even more destitute of these properties, than the cold infusion. He made trial of the root, in a recent state, as well as of the dried root, on his own person, and he gives the following, as the result of one of his experiments. "Dec. 4th. We again commenced experimenting with it. It had become dry, having been rolled into pills of three grains each. Of these we took sixty, (180 grs.,) between ten and twelve o'clock, P. M., upon a comparatively empty stomach, swallowing them, at intervals, six or eight at a time. Its diuretic action in this instance was frequently repeated,—the secretion being increased in quantity, pure, limpid, and colorless, with scarcely any sediment after several hours' standing.

"Its action, on the stomach, resembled that following its first employment, being attended with the same phenomena. A feeling of emptiness was produced in the course of an hour. After retiring to bed, the whole abdominal region was in a state of commotion,—extending along the tract of the ascending and descending colon, all of which appeared to participate in a kind of rolling motion produced by it. To these, were added involuntary rumbling sounds, as if the entire alimentary tube was stimulated, and an apparently forewarning cathartic effect. We are led to believe, that its astringent property presented this result. There was, also, tenderness on pressure at the epigastrium.

"The feeling of congestion about the head, with irregularity of the heart's action, which *lasted several days*, was again observed. Before morning, the pulse rose to 100 by the watch,—resuming its usual frequency after a time. We were prevented by sleep, which was disturbed, from ascertaining positively the coexistence of strange impressions on the sensorial functions. The general vigor of the digestive apparatus was increased. The appetite following the next day was unusually active,—seeming to demand much more to satisfy its requirements; but there was a sense of pain about the stomach, like that following inflammation, or that felt in the muscular tissue after a limb has been overtasked."

In the first experiment, in which Dr. Porcher took 140 grains of the *fresh* root, the symptoms produced were very similar to those detailed in the above quotation,—pointing distinctly to the parts of the system influenced by the drug: namely, the gastric filaments of the ganglionic, or organic system of nerves. This produced an increased action of the circulatory system, and drove the blood

to the head. It also, increased the peristaltic motion of the entire alimentary canal, and promoted the renal, and other glandular secretions, without any apparent effect upon the nerves of animal life.

As the experiments of Dr. Porcher are directly corroborative of those made by the writer, and confirmatory of the utility of the plant in all cases where there is a sluggish or torpid condition of the stomach, the intestines, the liver, the kidneys, or the uterus, producing costiveness, dyspepsia, amenorrhœa, dysmenorrhœa, and the various functional derangements which are so commonly to be met with, it must be evident, that this plant possesses valuable properties, which render it well worthy the attention of the enlightened practitioner.

The plant has not yet been much used. It would, therefore, appear improper to speak of the best mode of preparing it, or of the amount necessary to be given, to produce the desired result. Probably, however, it will seldom be found necessary to resort to the heroic doses taken by Dr. Porcher, or to expect from its use the *immediate* effects observed by him. In almost all cases, gastric debility, dyspepsia, sick-headache, &c, are accompanied with a constipated condition of the bowels; and it would seem desirable to prepare the article in such a way as *not* to extract the astringent principle, whatever that may be; and doubtless the infusion or the syrup is as good a preparation as any. In those cases, however, which sometimes occur, when there is chronic diarrhœa, without much inflammation of the intestines, it is altogether probable, that a cold infusion would be preferable.

It is even possible, that a new salt, similar to morphia or quinia, might be extracted from the plant, and a new and valuable remedy be added to our *Materia Medica*.

Let those who have faith in the medical properties of our indigenous plants, try, for a short time, the powers of the *sarracenia*, and publish the results of their observation. Then we shall soon possess the information necessary to guide us in its administration.

Waterbury, Vt., April, 1852.

REUNION OF WOUNDS OF THE SPINAL CORD, WITH RESTORATION OF ITS LOST FUNCTIONS.

BY M. BROWN-SEQUARD.

During the last three years, M. Brown-Sequard has made a considerable number of experiments, with the view of determining the degree of reparative power which exists in the spinal cord; the result of which are very remarkable. The following is one

of the most striking:—The spinal cord of a pigeon was *entirely divided* between the 5th and 6th dorsal vertebræ; and the operation was followed by complete paralysis of the posterior part of the body, as regarded sensibility and voluntary movement. At the end of three months, voluntary movements began to show themselves, in the midst of reflex actions; and sensibility also reappeared. These powers gradually augmented; and, six months after the operation, the bird could stand for some minutes, but fell if it attempted to walk. In the course of the seventh month it began to walk, but unsteadily, helping itself by its wings. By the end of the eighth month, it could walk slowly without support; but, if it attempted to walk fast, it fell over, unless it supported by its wings. Twelve months after the operation, it could run; and, when the account of the case was drawn up, fifteen months after the section had been made, its progression seemed in all respects normal, save that a certain degree of stiffness remained in its gait.

In several Guinea-pigs, in which the section had only been made through one-half of the spinal cord, an incomplete return of voluntary power was observed within seven or eight months after the operation. In the case of one Guinea-pig, which had been subjected to this operation a year before, and in which sensibility appeared to have been completely restored, and voluntary movement less completely, a careful examination was made of the injured part. It was found that the section had traversed both the posterior columns, as well as the interior and lateral columns, and a portion of the grey substance on the right side; all of which parts exhibited a sort of contraction, the continuity of the divided parts being reestablished by a whitish cicatrix. On examining substance of this cicatrix, it was found to be in great part made up of fibres of areolar tissue, the direction of which was transverse or oblique; but these were crossed by great numbers of nerve-fibres running in a longitudinal direction, which exhibited a double contour, and were uninterruptedly continuous through the whole extent of the cicatrix. Amongst these were scattered some ganglionic corpuscles. A like reproduction of nerve-fibres, in the cicatrix of the spinal cord, has been substantiated by M. Brown-Sequard in two other cases.—*Gazette Medicale*, No. 30.

CONTINUED FEVER, LARGE DOSES OF QUININE IN.

Dr. R. DUNDAS, (*Medical Times*, Oct. 4, 1851,) in direct opposition to all who believe in the correctness of the opinion advanced in the last article, considers the remittent and intermittent fevers of the tropics to be identical with the typhus of this country, and with this conviction has been induced to treat the latter by the

former. (See "Abstract," Vol. V., p. 163.) The doses he gives are ten or twelve grains, repeated at intervals not exceeding two hours. Three or four of these doses will, he says, in general be sufficient to exert the specific influence of the medicine, which is displayed by dizziness of the head and tinnitus aurium, or in the rapid subsidence of all the urgent symptoms. In the latter event, he observes, three grains of quinine, or some vegetable bitter infusion, should be administered three times a day, and the patient supported with good beef-tea or other light nutriment, and wine, if necessary. Should the urgent symptoms return, the large and repeated doses of quinine must be again resorted to. Stops should be avoided, and purgatives also, unless obviously indicated; but an emetic of tartarized antimony, when the *primæ viæ* are loaded, will often prove useful at the commencement, and seems to render the system more obedient to the specific influence of the remedy. Should the urgent symptoms persist, notwithstanding the administration of four or five doses of quinine, or should dizziness of the head and tinnitus aurium supervene, Dr. Dundas advises the medicine to be discontinued; and, after an interval of six or seven hours, small and repeated doses of tartarized antimony should be resorted to, until full vomiting is induced. The patient should then be allowed to rest for twenty-four hours, when the quinine should be recommended as before. If the symptoms still resist, the remedies may be repeated in succession, as above stated, for a period of four or five days; and unless the beneficial effects are broadly marked within that time, we can no longer reasonably hope for success from this treatment, and it must be abandoned. Still the author states boldly that in the great majority of cases of uncomplicated typhus, taken at the commencement, complete and rapid success may be calculated on; and, in all, the diseased chain of actions will almost invariably be broken—no unimportant advantage in the treatment of any malady. In the advanced periods of the disease the results will be much less certain; but in all stages, the large doses of quinine may be safely resorted to, and will commonly calm the patient, cool his skin, allay the headache, and reduce the frequency, and improve the character of the pulse. It must, however, he says, be borne in mind, that any vital organ being seriously involved, will prove a disturbing cause to the curative powers of the remedy, which are clearly exerted on the nervous system through which the blood and secretions are favorably modified, and often with marvellous rapidity.

In support of the statements made, including the detail of several cases, Dr. Dundas adduces the evidence of Mr. Edmunson, house-surgeon to the Liverpool Fever Hospital, who informs him that he has found this treatment to "cut" the fever short, or at least to prevent the accession or increase of the more formidable symptoms.

Braithwaite's Retrospect

We do not advise the tartar emetic to be given in any case.—s.

ON PERMANENT INVOLUNTARY CONTRACTION OF
MUSCLES, WITH A SIMPLE MODE OF TREATMENT.BY SAMUEL SMITH, F. R. C. S., *Surgeon to the Leeds Dispensary.*

[The rationale of the lesion referred to, and its mode of treatment, first occurred to the author from experiencing it in his own person.

The first case reported is that of —.]

Mary L—, a robust woman who was admitted a patient of the infirmary, under Mr. Smith's care, on the 30th of July, 1840. She had been fifteen months under treatment, suffering much during the whole time from permanent involuntary contraction of the four powerful muscles forming the quadriceps extensor femoris, the whole of which were in an extremely rigid state. She walked without pain, but an inability to bend the right knee in the least gave her the appearance of walking with a wooden leg; and during the whole of this time she had been unable to kneel. The warm-bath, fomentations, frictions, and many other means, had been persevered in for a great length of time without producing the least effect upon her complaint. In reflecting upon this case, the author thought this state of the muscles had originally been produced from some such cause as his own case, and that it was now continued by the force of habit. He also thought, if he could succeed in completely relaxing these muscles, and keep them in that state a few hours, the balance of power between these muscles and their antagonists, the flexors, might possibly be restored, and thus a cure effected. He proceeded to try this plan the following morning. He placed her upon the bed on her left side, and taking hold of the ankle with his right hand, grasping the thigh with his left, in the course of about ten minutes succeeded in drawing back the heel, and pressing it against the buttock, thus producing a perfect flexion of the limb. This was not accomplished without considerable management, for the muscles made many attempts to overpower his efforts; but by gentle friction, and perseverance, the object was at length gained. It was gratifying to perceive that the rigid muscles became now perfectly relaxed. In order to destroy the tendency to reaction, two leather straps with buckles were placed, while the limb was in this position, tight round the upper part of the thigh and ankle, thus fixing the limb in this position, with the heel touching the buttock. She remained bound in this manner, and lying upon her side until the following day, upwards of twenty-four hours. The success of this practice was perfect. On being released it was found the muscles, which had been for so long a period contracted, were quite relaxed; and not only so, but the tendency to involuntary contraction was entirely destroyed. She

walked without limp, without pain, and with the perfect action of the hinge of the knee joint during every step she took. Suspecting, however, it might return, she remained an in-patient ten days. No return of the complaint took place. She was made an out-patient, and appeared as such.

Oct. 4, 1846.—The author received a letter from the late Mr. Spink, requesting him to meet him in consultation, on a case at Tollstone, near Tadcaster. He found Master S—, a fine boy of seven years of age, had been twelve days confined to bed and the sofa, in consequence of a blow he had received on the body from a playfellow at school. Considerable pain took place, he was put to bed, and the usual remedies applied. When seen he was lying on his left side with the knees drawn towards the abdomen, he was in much pain, had been twelve days quite unable to put his foot to the ground, or alter the position of the foot without acute pain; and it was suspected that there was some acute disease of the hip. After examination, finding some of the abdominal muscles and also those of the thigh in a painfully contracted state, the author rubbed them, and by gentle means gradually brought down the thigh; he then gently pushed back the chest, and in five or ten minutes he ascertained that the painfully contracted muscles were relaxed and also at ease. He now took the patient in his arms, and placed him on the floor with the left leg foremost; ascertaining that in this position the muscles still remained relaxed, he left hold of him and confidently requested him to walk; to the great surprise of his surgeon and gratification of his father and mother, he walked well, and at ease, without limp or lameness. The cure was immediate and perfect, and no relapse took place.

[The author continues:]

Whatever muscles we find in this state, let it be our object to place their origin and insertion as far apart as possible; this secures a relaxed condition of them; maintain them in that state for some time, their opponents will then be gaining strength, and the balance of power will be restored. The author states that he has often seen the masseter in this state, and cured it by the gentle insertion of a wedge into the mouth. It is this state of the sterno-cleido mastoideus which forms wry-neck, and he has several times succeeded in effecting a cure in recent cases by turning the chin to the opposite side, and keeping it there a few days by mechanical means. The muscles about the shoulder-joint often get into this state after accidents, and render the arm of very little use for months, and sometimes for years. This state of the shoulder he has often cured by the same manoeuvre formerly mentioned, placing the bend of the elbow on the crown of the head, with the fingers touching the ear on the opposite side and keeping it in that position a few hours. The biceps sometimes remains for some weeks in this state after treatment

for fracture of the forearm; the muscles of the fingers also, after injuries of the hand. The powerful extensor or flexor muscles of the thigh, after long-continued, extended, or bent position of the limb in the treatment of fracture or other injuries, are left in this condition. The gastrocnemii and other muscles of the leg are often allowed to get into this state during the treatment of diseases or accidents of the foot or ankle, and often require more management and time to remedy it after the cure, than the original disease.—*Braithwait's Retrospect.*

HEREDITARY CASES OF INSANITY.

DR. MOREAU, (de Tours), Physician to the Bicetre Hospital at Paris (for old and insane men), has read before the Academy of Sciences an important paper with the following title:—"On hereditary predisposition to cerebral affections.—Can this predisposition be recognized by any particular signs?" The author rests his reasoning principally on comparative anatomy; his views may be condensed as follows: Constant and invariable laws regulate the manner in which the organization of the parents is transmitted to the offspring; hence arises likeness. The latter is not handed down in the shape of a few isolated features, but by the transmission of two great series of organs, which series are perfectly defined and distinct. One of these series includes the external form and configuration; the other regulates nervous functions. The transmission takes place according to fixed laws: when one of the parents communicates one series, the second parent transmits the other.

Passing afterwards from animals to man, and applying the above laws to the human beings in their pathological order, Dr. Moreau has found that, in the majority of cases, when an hereditary similarity to *one* of the parents has been made manifest by certain pathological alterations of that portion of the nervous system which ministers to the intellectual faculties, the distinctive characters of that series of organs which preside over the expression of the face—viz., the vulgar acceptance of likeness—will not fail to have been transmitted by the *other* parent. This assertion is supported by 164 cases in a given number of 192.

The author, therefore, considers as demonstrated: 1st. That the law of hereditary transmission, according to series of organs, is founded upon truth, within certain limits, both as regards man and animals. 2d. That the transmission of cerebral disturbance and of the physical likeness may be effected by either parent, but most often by one of them only. 3d. That a family being given, among whose stock there have been one or more individuals affected with insanity, it is very probable that the hereditary

disease will settle in preference upon such of the children as have little or no physical likeness with the relatives in whom the disease has originated; and that the mental affection will, on the contrary, not affect that portion of the offspring who bear to those relatives a more or less striking physical likeness.

We would here merely remark, that the above assertions are well worthy of investigation and discussion, as it is evident that prophylaxis would in some degree become easy, if these positions turn out perfectly correct.—*London Lancet*.

CEREBRAL TUMORS.

A communication by M. KESTEVEN on cerebral tumors appears in a recent number of the Medical Gazette. He divides these tumors into two classes, *intercranial* and *epicranial*, according as they make their exit from, or remain entirely in, the cranium. The symptoms, of course, vary, and the ease with which they are diagnosed very different. One remarkable fact which the author comments upon, is the tolerance of their presence which the brain exhibits. This all practical men must have noticed. The bulk of the paper is taken up with reports of cases illustrative of this peculiarity, after which he concludes as follows:—*Braithwait's Retrospect*.

"From what has been said by other writers, as well as from the cases here related, it may be gathered that, although cerebral tumors present so many features in common with other forms of organic and functional disease of the brain, it is, in the present state of their diagnosis, almost impossible to arrive at a positive conclusion of the existence of such growth in any one case; yet that some of the features which they present, when considered together with the exclusion of other symptoms, may justify a suspicion of their presence, and that the history of their progress will strengthen the suspicion into a strong assumption. Pain is an almost invariable and early indication of the presence of these morbid growths; but as it is also a sign of many other states of disease, its character must be very closely observed in order to attach it to the cause alluded to. The pain is, in general, strictly of an acute or intense and stupefying character, often absolutely agonizing, occurring in paroxysms at uncertain periods, and passing off without leaving any other symptom, at least probably for years. The sense of sight, hearing, and taste, after a time become more or less affected. Convulsions frequently occur in the course of their growth; these are not at first followed by palsy, which occurs usually at a late period, after the previous symptoms have been experienced at uncertain times extending over a shorter or longer period. Gastric disorders are pretty sure

to occur as the disease encroaches upon the cerebral substance, and they are most frequently met with either during the paroxysms of pain or concurrently with the convulsive attacks which denote cerebral irritation. That the latter should ever be absent is matter of some surprise when we consider how small an osseous deposit will excite epilepsy."—*Braithwait's Retrospect.*

ON THE DIAGNOSTIC VALUE OF PAINS IN THE HEAD.

BY DAVID NELSON, M. D.

(The following remarks occur as part of a clinical lecture on the morbid conditions of the nervous system. Speaking of headache, Dr. Nelson observes :—)

In the first place, we have to inquire regarding the existence of pain, and of what character the pain may be, for there is nothing that is more varied, or that indicates so many different conditions. It may be simply of a spasmodic kind, occurring at intervals of a greater or less duration: due to anæmia, or other causes of debility; to irregular transmissions of nervous force, or to that functional perversion of the sensific centres which is denominated hypochondriasis or hysteria. This pain is to be distinguished by its not being increased, but rather lessened, under exertion of mind or body, by the eccentricity of its visits, and by its being relieved by antispasmodics, stimulants, or tonics.

An organic pain will be fixed and always aggravated under exertion, or any other stimulant, to the circulation; and may depend either on acute hyperæmia or passive congestion, or any of their results, from a solid clot to a simple effusion of serum. In the event of acute action the pain will be of a darting character, with much heat of the scalp, fiery, sensitive eyes, and great watchfulness, and will require abstraction of blood, mercurial purgation, and the application of cold. In passive congestion, or in effusion, the pain will be dull and heavy, with perhaps some heat of the scalp, but the eyes will be darkly suffused, the general frame less sensitive of external agents, and the sufferer will rather be inclined to drowsiness. The pain may further be of a rheumatic nature, depending on some especial determination of irritating urinary salts which may be retained in the circulation; this is to be inferred from the general history of the patient's constitution, from the presence of contemporaneous pains in the joints, and from the state of the urine. If confined to the external parts as it commonly is, it will readily be removed by the ordinary remedies for rheumatism, but if it involve the brain itself, or its membranes, it is likely to prove as fatal and irresistible as other affections of that organ are known to be. The headache that proceeds

from derangement of the stomach or bowels is commonly called a sympathetic one, arising from the immediate nervous connections that exist between the abdominal viscera, and especially the stomach and brain. At its first onset it will certainly be subdued in exact correspondence with the success which attends your treatment of the digestives, whether such treatment be directed to the neutralization of acids, or oils, or the single expulsion of any other irritating matter, or to the removal of hyperæmia. But it will certainly sometimes continue long after the stomach and bowels have been brought back to a tolerably healthy state of action, especially when the previous complaint happens to have been of very long standing. This is especially illustrated in the hydrocephalus which supervenes as a secondary effect on the abdominal affections of young children, though it may perhaps be doubted whether the functions of any organ can ever be perfectly renewed after any protracted attack of inflammation, however mild. Another sort of headache is consequent upon very long fasting, or watchfulness, or mental effort, or any other cause of nervous exhaustion, and this of course can only be removed by nutrients and rest, aided by some stimulant, as is very well instanced in the headache which succeeds a debauch, or excessive grief. I have already spoken of the heat of the scalp, of the appearances of the eye, and of the nature of the pain, as illustrative of the different forms of hyperæmia which may be suspected, but may also add that the condition of the tongue has a close connection with such a state of things. Along with the bilious sympathetic headache, and that of congestion, we have a tongue thickly furred with white or brownish yellow; emetics are advisable for the first, but not for the second, if much straining be anticipated. In the nervous headache, and that which is concomitant with affections of the lesser bowels and colon, it is almost always clean, but entirely red; but as alteration of structure advances, the fur again returns, at first of a simple white, next a yellow, afterwards brown, and lastly a deep dry black. In the headache that accompanies certain enlargements and other affections of the liver, the tongue will be found of a bright pink colour, moist, and of a glassy smoothness, either in whole or in part; or on the other hand, it will be deeply fissured transversely.—*Prov. Med. and Surg. Jour.*

DISCOVERY OF THE MALE ACARUS SCABIEI.—It is stated in the *Union Medicale*, that one of M. Cazenave's pupils, M. Langutin, has just found the male acarus scabiei upon the hand of a patient affected with the itch. It seems that this acarus had long been sought for in vain, and some works on skin diseases do not even mention its existence. As this parasite is very small, being less than half the size of the female, it had hitherto escaped detection.

[*Boston Medical and Surg. Journal.*]

DIAGNOSIS OF TYPHOID AND TYPHUS FEVERS.

We find an excellent review of this subject in the *British and Foreign Medical Review*, and will extract the more important facts.

If we collate the chief works which have been written on these two diseases by those who have had a full persuasion of their distinctness, we find that typhus and typhoid fevers are said to differ :

1. *In the age of the patient they affect.* Typhus affects all ages, young and old ; Typhoid, chiefly persons under forty.

2. *In their modes of attack,* Typhus being sudden, typhoid insidious, as a general rule.

3. *In their duration.* Typhus fever is of much shorter duration than typhoid.

4. *In the kind of eruption.* Nothing can be more distinct than the repeated scanty crops of rose-spots in typhoid fever, with their bright color, their disappearance under pressure, and their duration of three or four days, compared with the permanent, dark red, or mulberry colored, inefaceable rash of typhus.

5. *In the color of the skin, the expression of the face, and in manner.* Typhus patients often present, in its highest degree, those characters which the old writers often termed "oppression" and "prostration." The face is dark and generally flushed, the complexion muddy, the manner stupid and confused, and the eyes unintelligent. On the contrary, in typhoid fever the complexion does not get muddy ; consequently, the flush of the cheeks, when present, is bright and pinkish.

6. *In the severity and course of the head symptoms.* In typhus, headache usually ceases on the tenth day, and always before the fourteenth ; in typhoid fever about four or six days later. Delirium commences earlier in typhus than typhoid by several days. *Somnolence*, although frequently absent in both, is more common and earlier in typhus than in typhoid.

7. *In the degree of loss of muscular power.* Typhus patients almost always take earlier to their beds, and are more completely prostrated at an earlier date than typhoid cases.

8. *Frequency of the epistaxis.* Rare indeed in typhus ; rather common in typhoid.

9. *In the condition of the eyes.* In typhus the conjunctivæ are generally injected, and the pupils contracted ; in typhoid fever, the conjunctivæ are pale, and the pupils dilated.

10. *In the state of the tongue,* which is drier, browner and larger in typhus ; is more frequently small, fissured, red, or partially covered with a pale, brown fur in typhoid.

11. *In the chest symptoms.* Sonorous ræchi are very frequent in typhoid ; comparatively rare in typhus. Hypostatic pulmonary congestion common in typhus, rare in typhoid.

12. *In the state of the pulse,* which varies in typhoid more than in typhus.

13. *In the abdominal symptoms.* The abdomen is painful on pressure in about three-fourths of typhoid patients ; is almost always quite

painless in typhus. *Gingling* exists in perhaps a fourth of the typhoid cases; in one-fortieth of the typhus. The abdomen is *distended*, and resonant more or less in all cases of typhoid; it is, with scarcely an exception, natural in shape, or even a little concave, in typhus. *Diarrhæa* exists as a rule in typhoid, as an exception in typhus. *Intestinal discharges* are different in the two diseases: in typhoid they are loose, light in color, and alkaline; in typhus they appear but little if at all altered from health.

14. *In the occurrence of epiphenomena.* Sloughing from pressure is equally common in both diseases; but erysipelas, phlebitis, and local inflammations and ulcerations are much more common in typhoid fever.

15. *In the continuance of the eruption after death.* The spots of typhus last uneffaceably after death; the rose spots of typhoid fever cannot be found.

FERRUGINOUS PREPARATIONS.

BY M. MARTENS.

The following are the conclusions of an Essay recently read by M. Martens at the Belgian Academy of Medicine. 1. That as a general rule the *lactate of iron* is the best preparation. This conclusion, founded on the chemical fact of the conversion of the other preparations of iron into lactates in the stomach, was disputed, as regards its therapeutical truth, by M. Lombard and other members, who denied that the lactate possessed any superiority. 2. It may be advantageously replaced by the carbonate, given in water, or in pills made with honey, that superoxidation may be prevented. 3. All ferruginous pills in which the metal is liable to superoxidation, should be rejected, because they soon become indurated, so as to be soluble neither in water nor in the juices of the stomach. 4. Insoluble ferruginous preparations ought always to be administered at meal-time, in order that they may become dissolved in the acid juices then existing in the stomach. 5. Those preparations should be chosen which cannot be precipitated, or rather rendered quite insoluble by the alkaline juices of the duodenum, especially during intestinal digestion. 6. The most active are those which, having penetrated into the blood in their liquid state, are there most easily assimilated with the hæmatosine, so as to form with it the red coloring matter of the blood. 7. In the treatment of chlorosis or anæmia, it does not suffice to prescribe preparations of iron, but their assimilation should be aided by residence in the country, or in localities well exposed to the sun's rays. 8. The regimen in chlorosis should, as far as possible, be composed of succulent and dark-colored meats, and not of white

alimentary substances, in which the oxide of iron is usually defective. 9. Slight or recent chlorosis may be generally cured by animal regimen alone, in combination with exercise in the open air, and insolation. 10. The habitual use of meat introduces into the economy sufficiency of iron for the formation of the red globules, and may give rise even to their excessive formation. 11. On the other hand, the exclusive use of potatoes, white bread, vegetables, and fatty substances, the ordinary regimen of the working and poorer classes, predisposes to chlorosis or an anæmic alteration of the blood, because such aliments contain too little iron to concur efficiently in the formation of red globules. 12. Wheaten bread may be rendered much more restorative by adding prior to panification, a little *sulphate of iron*, and it is only thus that an alimentation entirely capable of replacing meat can be furnished. 13. We may estimate approximatively, at a *minimum* of two grains, the quantity of oxide of iron that is daily required for the restoration or renewal of the blood; and, for alimentation to suffice for the maintenance of health, it must contain this quantity. 14. All persons who in consequence of a too slightly animalized regimen, or of residing in badly-lighted localities, are disposed to anæmic vitiation of the blood, should employ such ferruginous bread to favor the formation of red globules. 15. Manganese only entering into the constitution of the blood-globules in an infinitesimal quantity, does not appear necessary for sanguification. Compounds of this substance can not be considered as anti-chlorotic medicines, like ferruginous preparations. At least, they do not concur directly in the restoration of the blood.—*Gaz. Med.*, No. 48, 1850.

INJURIES AND DISEASES OF BONES AND JOINTS.

FRACTURES, STATISTICS OF.—A very elaborate paper on the statistics of fractures, which have occurred during a period of twelve years in the New-York Hospital, has been furnished by the late resident surgeon, Mr. LENTE. The tables comprise fractures of the thigh, leg, arm, forearm, clavicle, lower jaw, pelvis, scapula, sternum, patella, and scull, amounting in all to 1722 cases. The tables include age, sex, occupation, season, seat of fracture, &c.; the whole containing a mass of information of great utility in the history of accidents of this nature. At the end of this paper, the author mentions a new mode of keeping up extension in fracture of the femur, which is more comfortable to the patient than any other. In six cases recently treated in this manner, he mentions that though the shortening was an inch or more by measure-

ment at the commencement of the treatment, in two there was at the end of the treatment absolutely no shortening, in all the others less than half an inch. This plan consists in the employment of broad strips of adhesive plaster, (two and a half or three inches,) which are applied to the limb previously shaved, on either side of it, from a little above the knee to below the foot, where it is secured to the ring at the end of the screw by means of a stick and cord, so that the plaster shall not be wrinkled. These two straps conjointly extend around two-thirds or three-fourths of the circumference of the limb, and are then confined by a single roller bandage. To prevent slipping of the plaster, the extension is not applied until some hours after the application of the former to the limb. This improvement in surgery, which is certainly one of the most valuable that has been suggested for many years, is due originally to Dr. E. Wallace, of Philadelphia. *New York Journal of Medicine, Sept., 1841.*

QUACK MEDICINE ADVERTISEMENTS.

The ingenuity of our native quack medicine merchants is unique. Even in England, where every effort is made to impress the gullible public with the transcendent properties of patented and secret compounds, the dealers fall far below the knowing ones in the United States, in their schemes to gain the attention of medicine takers. One of the latest and most determined enterprises in the way of drugging the public, is found in the advertisement recommending a new something, that is called Radway's Relief. Much as we despise the trickery, the wholesale spirit of bombast, braggadocia, misrepresentation and energy of purpose displayed in its concoction, it struck us as being really a striking feature in the business, and calculated to make one laugh at its bold exhibition. It commences thus:

"**RHEUMATISM.**—Twenty thousand cases cured in N. York; 10,000 cases cured in Illinois; 30,000 cases cured in Michigan. So quick is Radway's Ready Relief in curing rheumatism, that nine patients out of every ten are relieved from all pain in a few minutes after the first application. We have known as many as 20 persons in a day that called at our office in their carriages and had to be helped up stairs, to have the Relief applied by us, and in fifteen minutes have walked away, rejoicing that Radway's Ready Relief enabled them to walk home—without the aid of their crutches, walking sticks, or any other assistance."

In short, it is unblushingly represented to be the sovereign remedy for all human maladies, in language so positive and strong, as to seduce a great multitude of thoughtless ones to part with their money for a worthless preparation.—*Boston Medical & Surgical Journal.*

IS THE APPEARANCE OF ALBUMEN IN THE URINE A FAVORABLE SIGN IN DIABETES?

M. RAYER makes this question the subject of some practical remarks in a paper read before the Biological Society of Paris.

He alluded especially to a case which he saw in consultation with M. Landouzy, which had improved, to a certain extent, under the use of alkalies, with abstinence from farinaceous matters, when albumen was detected in the urine. There were, however, no other signs of Bright's disease; and the appearance of albumen was a phenomenon for which M. Rayer had no ready explanation.

MM. Dupuytren and Thenaud considered that, when albumen appeared in the urine of a diabetic patient, it was indicative of improvement, being, as it were, a transition stage between the saccharine state and that of health. M. Rayer, however, is disposed to regard the change as not salutary, as in cases witnessed by him, though the sugar disappeared, the occurrence of œdema showed that the change was not for the better. In fact, in more than one case, although there was no recurrence of sugar, the patient died of one or other of the consequences of albuminuria.

A case narrated by Dr. Christison also proves that the appearance of albumen in the urine may be an indication of a serious complication, to be followed soon by other symptoms of renal disorganization. The case was that of a man, æt. 40, who had been the subject of diabetes for two years. Unexpectedly, it was found that the urine coagulated by heat and nitric acid, and that its specific gravity became lower, until at length it was as low as 1010, without any traces of sugar being present. The man soon after died from diarrhœa, and after death his kidneys were found in an advanced stage of granulation. It may, therefore, be taken as a pathological fact, that though in some cases the substitution of albumen for sugar in the urine of diabetics may be a good sign, in others it may indicate a serious complication.

Archives Generales.

DETERIORATED CHLOROFORM.

A complaint, well-founded, is loudly proclaimed, that the chloroform or rather chloric ether, now generally manufactured, is inferior in quality. In short, much of it cannot be trusted to in operations. When the ether mania first commenced, and sulphuric ether was the only article in use, the surgeon could calculate upon its activity; but after a more agreeable agent was produced, which in a manner superseded ether, the demand became so enor-

mous, that little cheats began to be detected, and from small beginnings, great adulterations are spoken of as a matter of notoriety. From Dr. Hayes, the celebrated analytical chemist, a paper has been received that will expose the imposition, and show how the inferior kinds are produced, and why they are tolerated in the drug market. Surgeons should be particularly on their guard, for great injury may be inflicted by the inhalation of chloric ether of bad quality—while rarely, if ever, are patients unfavorably affected by it if pure, and made according to a standard process.

DEVELOPMENT OF THE HUMAN BODY.

Dr. J. Stewart Wilkinson, F. R. C. S., has been lecturing before a crowded auditory at the Mechanics' Institute, Manchester, on the development of the human body, and the care necessary to be observed in the rearing of children. The lecturer observed that the sad effect of the want of ventilation upon the rearing of children was very strikingly shown in the Dublin Foundling Hospital some years ago. Between the years 1781 and 1791, 19,420 children were received into that institution, and of those, 17,420 died. While in St. Bartholomew's Hospital the effects of improved ventilation had been as clearly shown. In 1684, the deaths there were 1 in 7; in 1689, 1 in 10; in 1783, 1 in 14; in 1805, 1 in 15; and in 1815, 1 in 16.

NEW MEDICAL JOURNALS.

Notwithstanding the overstock of medical periodicals, several new ones are already projected, and a further subdivision of patronage must necessarily follow to sustain them all. It is quite surprising that such a flood of Thomsonian and other kindred anomalies, under the general name of *Reformed Practice*, can be sustained. Yet from the fact that many of them have been published several years, uninterruptedly, it is clear that somebody pays for them. There are nearly if not quite as many monthly journals of this cast, in the United States, as of the legitimate kind. It is but a little while since the first homœopathic periodical was issued. It was uniformly noticed as a sickly plant, that would wilt and die under the sunshine of true science. Contrary, however, to the prediction, it is alive, and seven others have sprung up, boasting of a vigorous constitution. When each man and woman has a journal to be the exclusive organ of their individual opinions on medicine, the millennium

will be near at hand. At the present rate of multiplication, the tendency is to provide each one with a sheet that heralds his views and theories, without reference or deference to the accumulated wisdom of others.—*Boston Med. and Surg. Journal.*

NEW REMEDY FOR TOOTHACHE.

Mr. James Beatson of Airdrie, says: Gum Copal, when dissolved in chloroform, forms an excellent compound for stuffing the holes of decayed teeth. I have used it very frequently, and the benefit which my patients have derived from it has been truly astonishing. The application is simple and easy. I clean out the hole, and moisten a little cotton with the solution; I introduce this into the decayed part, and in every instance the relief has been almost instantaneous. The chloroform removes the pain, and the gum copal resists the action of the saliva; and as the application is so agreeable, those who may labor under this dreadful malady would do well to make trial of it.—*Medical Times in Jour. Dent. Science.*

A citizen of Livingston county died a few days since of inflammation of the brain. During his last sickness his aberration of mind assumed the very singular phase of forgetfulness of substantive ideas. In his conversation he could employ all the parts of speech but nouns, and though he was not inclined to say much, yet he could express himself fluently, except in the use of words of the class named. These ideas he was obliged to omit, or express only by implication. An examination of his brain was made after death, when the following facts were elicited:—From the dura mater, or outer lining of the brain, an adventitious bone had grown which penetrated the brain and caused suppuration of the anterior and lower part of one of the lobes of the brain on the right side. This was the only indication of disease or loss. The foreign bone had no union with the skull. The fact is very singular, and the case is novel. Aberration of the mind is attended with loss or forgetfulness of some class of ideas, but this case is anomalous from the fact that it was attended only by a forgetfulness of one class of words, for the person under consideration seemed to possess the idea denoted by the word, while the word itself was beyond his reach.—*Roch. Dem.*

Dr. LEBERT stated a short time ago, before the Surgical Society of Paris, that he had no faith in certain ammoniacal preparations which had been supposed capable of producing resolution in cases

of incipient cataract. He examined crystalline lenses somewhat altered in structure, and found very important changes. In hard cataract, for instance, there was an opaque, granular substance interposed between the lamellæ of the lens; this substance is beyond the action of the absorbents, as the lamellæ themselves are horny and atrophied. In soft cataract there is seen in the crystalline cells an effusion of a milky fluid, and in this fluid crystals of cholestearine can be distinguished, the lamellæ being at the same time softened and hypertrophied. None but a surgical treatment can in such cases be followed by a successful result. It was shown during the discussion that those cases which were benefited by Gondret's ammoniacal ointment, were not cases of incipient cataract, but instances of an early stage of amaurosis.—*Lancet*.

MEDICAL MOVEMENTS.—The chair of Theory and Practice in the Philadelphia College of Medicine has been vacated by the resignation Prof. Thos. D. Mitchell. Dr. Walter Channing of Boston, sailed last week for a pleasure tour in Europe. Dr. H. A. Ramsay, of Georgia, has issued another card, directed to medical men, in regard to his difficulty with Dr. Robertson, in which he says, "*I am fast going to the spirit land.*" Dr. Mott has resigned his place.—*Boston Med. and Surg. Jour.*

PROGRESS OF THE PLAGUE.—For some months the plague has been doing its destructive work in Madeira. More recently the frightful malady has been developed in some of the West India islands. It will most probably reach the United States, and a great panic will be produced when the first case appears.—*Boston Med. and Surg. Jour.*

PART III. EDITORIAL.

"THIS MIGHTY BOND OF UNION,"—THE AMERICAN MEDICAL ASSOCIATION.

We extract the following from the Scalpel of New York. It will be seen that the predictions of Professor Buchanan, as published in the Journal two years ago, are being fully verified. Those who remember the circumstances of the doctor's correspondence with Professor Drake, will no doubt, be edified by a perusal of the following:—"Every meeting of this association has done

more injury to the profession than good. We would now advise the opposition to organize themselves into a convention of themselves, "and go it on their own hook." N.

THE AMERICAN MEDICAL ASSOCIATION.

The disgraceful efforts of a miserable clique, to put down the valuable obstetric statistics of Dr. Ramsay, of Georgia, are now so well understood to be part of a connected plan to disparage the influence of the country members of the profession generally, that the weight and influence of the body is destroyed with all thinking men. Whoever does not see the source of cliqueism in some of the members elected from this city, must either be very dull, or very timid, and afraid to express an opinion. The positive and direct falsehood fastened upon one of them, for the narration of an alleged fact respecting Dr. Ramsay's statistics, is now thoroughly well known here; and this man has been re-elected! The institution contains the seeds of decay in its own bosom. The following bold and truthful article is from Dr. Nelson's *Northern Lancet*: it speaks our sentiments precisely.

"THE AMERICAN MEDICAL ASSOCIATION ON ITS LAST LEGS.—'The American Medical Association is not a republican institution—it is aristocratical both in its origin and continuance.'—*Dr. Samuel Jackson*, of Northumberland, Pa.

"True words of an honest and upright man! Words of a man, who, seeing the danger impending to the profession of which he has long been a prominent and efficient member, comes forward and throws the weight of his name and influence in the scale against the abuse and despotism exercised by a body, from which much was expected, but little realized.

"In our last number, we took occasion, while commenting upon a contributor's favor, to make a few remarks in relation to the American Medical Association. These remarks have been sanctioned by the approval of many of our readers; and now that the time is near at hand for the annual meeting of this association, we again call the attention of our friends to a body which has rendered itself obnoxious to four-fifths of the profession. Born in aristocracy—nurtured in aristocracy—it has become overgrown in despotism; without an honest or independent principle in its organization, and with certain, but gradual estrangement, it has fallen, head and foot, into the hands of a clique, that has turned everything to its own advancement. It never was liberal in its character and intentions, and now proves itself a national abuse, and a national injury. It must be reorganized, or it must explode—and the latter will certainly occur, if the Press boldly and honestly express their true opinions. It must be based upon broad, firm, and permanent principles—Unity, Equality, and Fraternity, should be the watchwords of a National Association."

We say nothing, as yet, of the truth of the following, for we have not read the report. We shall take an early opportunity to do so, and give our readers the result.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

REPORT UPON OBSTETRICS.

"DR. NELSON—Dear Sir: A ponderous tome has at length been brought forth; and while it contains many things we approve, it has quite as many faults as its predecessors, with comparatively little of their ability. We shall not stop to enter into a minute review of this huge concern—our task is more circumscribed—our limits restricted to justice—and we approach the work, with all kindness towards the author.

"We promise to review honestly, succinctly, and without malice, the report upon obstetrics, presented to the American Medical Association. It covers about sixty pages, and egotistically pretends to be a replete *resume* of all the facts and incidents pertaining to American midwifery. It is true, we belong to a class of men who do not regard the opinion of the American Medical Association, with regard to American practice and opinions, as specific, or worth a groat more than the opinion of any one else; nor does its veto of the views and contributions of any man, in the least impair or invalidate them in our estimation. The association is a self-constituted body, embracing but a very small portion of the practitioners of the Union; and, we would inquire, what right it has to speak *ex cathedra* upon the merits or demerits of any man's productions, in his absence, without the title of membership, and upon *ex parte* testimony? We deny the body any such privilege. If we understand the business of the association correctly, it is to give a faithful *resume* of the facts and incidents elicited from the various journals, and other sources, without favor and affection, and independent of personal prejudice, with reference to any of the departments of medical science in this country; for these views or opinions, the association is in no manner responsible, being simply intended as a collation of facts, subject to future confirmation or repudiation. The right, then, of the body to avail itself of the labors of those who do not belong to the membership, certainly secures to the author of any contribution, the principle of *protection* from the body, in his absence, and secures him from condemnation, upon *ex parte* evidence. If these positions are not true, the association is denationalized—it is a mere local slaughter-house for the vindictive wretches of the profession to vent their malice and spleen upon those they wish to traduce. If these positions are incorrect, then the association can never be a theater of justice; the filthy and venomous 'outsiders,' who have not sense enough to attain a reputable stand in the profession, will flock annually to the meetings of the body, in swarms, like the locusts of Egypt, to per-

petrate and promulgate their slanders, through some 'cats paw' itching for notoriety, upon some contributor likely to be quoted by the committees. The only way for the association to rid itself of such pests is, to adopt some stringent resolution; and, many think, the more summary method of *expulsion* for those who are so ready to censure others, would be the safer plan; and not a few believe it should be extended to a certain individual, for past offence, at the next regular session.

"In the review of obstetrical statistics, the omissions are very *culpable* and *unjust*; the statistics of Ramsay, of Georgia, were excluded, as all the profession know, from malevolence and a secret under-current, and judging from the conspicuous part Dr. Storer played in the disgraceful drama, we think him quite amenable for the mutilation of his report in both instances; and it is thought by some, if he was not a participant of the disreputable clique, he at least winked at the proceedings, and lent them the influence of his position.

"Those of mean habits, and censorious disposition, will visit the association at every convocation, if they, as 'outsiders,' are allowed through their 'Man Friday,' to cast suspicion upon those they hate, and who may, perchance, be connected in some way with the proceedings of the association. There is no remedy against such interlopers and meddlers, but a stringent rule, and a strict adherence to it. Another such a scene as was enacted at its last session, and the concern will burst. The indignation of the profession is already aroused, and the opinion is fast gaining ground, and not without good reasons, that there is neither justice nor safety in the association for a country physician. The most casual observer must have noticed, with an eye of surprise, that all of the committees are generally composed of men, who reside in cities, and who know nothing of country practice, and less of the habits of country practitioners, and nothing at all of the regulations incident to our rural districts. The prize-essay committees must all reside in some city; everything pertaining to the body must have its incubation in a city, as if the whole science of medicine was really concentrated in some city 'puff' of remarkable vanity, and disgusting presumption.

"We do not wish to disparage the city practitioner; far be it from us to deprive him of his well-earned laurels—we appreciate the talents of many of them, and we honor and commend their zeal; but with all deference and due respect, we must say that there is too much importance placed now-a-days upon a man's location in the profession, to the great detriment of science and indefatigable investigation, and we think the injury will not cease under the auspices of the American Medical Association. The *country* can boast of some of the ablest men that adorn our profession; and yet they are unknown, and will remain so, to the vast detriment of science; such is the censorious spirit of the

age. If the country practitioner should, after a life of devotion to the profession, conclude to give the results of his experience to the world, he is at once pounced upon by some city idler, anxious for notoriety, without the necessary quantity of cerebral matter to secure it by dint of investigation, as unreliable; and, ten to one, a motion is made by a well-laid scheme, and an ostensible under-current, to strike out his labors, and that in his absence, by some man who is his sworn enemy.

"We do not set down aught in malice, when we say Dr. Storer's report is unfaithful—the facts justify our conclusions. The profession are apprised of them, and the fiat of an indignant fraternity has gone forth. Those editors, who have claimed their soul as their own, and who are not prostituted to cliques, have spoken in just and deserved terms, in reference to these matters, and what the association refuses to do in *justice*, will be done by the *press*, and by the approbation of twenty millions of freemen, who know how to appreciate justice, and are ever anxious to extend fairness, and protect innocence. As a literary production, the report has no claims to respect; it is simply an incorrect compilation of American midwifery, attempted to be foisted upon the American and European professions as true. We hope, for the honor and dignity of American medicine, such a batch of incongruous materials may never again be placed before the world, as a full and faithful *resume* of the science of midwifery in this country. Imagine the surprise of our transatlantic neighbors, on opening the volume, to find nothing in relation to the speculum, and not a word of Southern obstetric medicine. We very shrewdly suspect that the remarks of the *Medico-Chirurgical Review* will be more scathing than ever; and we would not be surprised to see the bold, independent, and able Wakeley, of your great British namesake, down upon it like the rushing of a mighty torrent."—*Sculpel*.

SECOND ANNUAL ANNOUNCEMENT OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NASHVILLE, NASHVILLE, TENN.—We have received the above, from which we learn that there was 121 Matriculants, and 33 Graduates the last session. It will be seen from this that it bids fair to rival some of its southern neighbors. And to such of our readers as wish to attend an old school, would no doubt be well pleased with this. We notice the movement of our several Medical Colleges with pleasure, as may be seen in all cases, when they send their announcements. Would that our Old-School friends could say as much.

ECLECTIC MEDICAL INSTITUTE.

The commencement of this institution was held on Saturday evening, June 5, at the Mechanics' Institute. Professor Buchanan, as Dean of the Faculty, reported, that the past term, from November to June, had been attended by 212 matriculated students, of whom fifty-eight had received the degree of Doctor of Medicine.

GRADUATES OF WINTER SESSION.

James Henghey Mellinger, Ill.	James William Dora, Ky.,
John Q. A. McWilliams, Ky.,	Milton Reader Hunter, O.,
Matthew Alexander Kelly, O.,	John Gilson Howell, O.,
Edward McKinzie, O.,	Hiram Hill Smalley, N. Y.,
David Spangler, O.,	John Chesley Pitts, N. Y.,
Alex. Theodore Howe, Va.,	Darwin Michael Keith, O.,
William Weaver Robinson, O.,	Charles Oliver Myers, N. Y.,
Joshua Weaver, O.,	William James Clary, O.,
William Chase, Ky.,	Edwin Henry Osborn, Wis.,
Edwin J. Talcott, Ill.,	Daniel Jackson Sherer, O.,
Jas. Commodore Thomas, Ky.,	William Miles Quigley, O.,
Lyddleton Smith, Ala.,	Patrick Kirby, O.
Anth. Constantine Baker, Ala.,	

The spring session just closed had been distinguished by the adoption of what is commonly called the free-school system, the usual charges for Professors' fees having been abolished. This novel and liberal measure had been greatly doubted and opposed, but its results during the past session had been entirely satisfactory, the class having been the largest ever assembled in the Spring, and of the most respectable character. The names of the graduates for the spring session, amounting to 30 he announced as follows:

John Ambrose, Miss.,	J. S. M. Hawkins, Ind.,
Thompson Ware Allen, Mo.,	Harlan Harrison, Ohio.,
John B. Burns, Ohio.,	David Crockett Hastings, Ill.,
Wm. Bevier, Ind.,	James McPatrick, Penn.,
Hiram W. Bishop, N. Y.,	Newton Franklin Marsh, N. Y.,
Wm. Shotwell Cox, Ohio.,	Samuel Edmiston Martin, Penn.,
Austin M. Cowan, Penn.,	James G. Nolen, Ohio.,
Benj. Miller Crisle, Ky.,	Jesse G. W. Palmer, Mich.,
Andrew Bonner Finney, Tenn.,	James Patterson, Ohio.,
Patrick Gilroy, Ohio.,	Milton Rice, Jr., Ohio.,
os. Stevenson Galloway, O.,	John Dugan Skeer, Penn.,
Henry C. Hull, Ind.,	Wm. Sherwood, Ohio.,
Albert Heald, Ohio.,	Christian G. Stutzman, Penn.,

Mathias K. L. Sachse, Ohio, Allen Williams, Ohio,
Alonzo Henry Thatcher, N. Y., Sampson Williams, Miss.,

HONORARY DEGREES.

William Crawley Morrison, Adolphus Thumel,
Stanley L. Robertson,

The degree of Doctor of Medicine was then conferred upon the above individuals by the President of the Board of Trustees, Mr. J. D. Taylor, and an address to the graduates was delivered by Prof. J. King, M. D., referring to the character of the past course of instruction, and to the moral principles guiding their future deportment as physicians, impressively urging the importance of strict temperance.

In response to this lecture, Dr Wm. Sherwood, in behalf of his fellow-graduates, delivered a spirited and appropriate address, setting forth the sentiment of the class, their reasons for adopting Eclectic principles, the course which they expect to pursue hereafter, and their gratitude for the instruction which they have received.

Prof. Buchanan then delivered an address to the class and audience, illustrating the liberal comprehensive character of American Eclecticism, criticising in an amusing way the pretensions of medical conservatism, and setting forth the great principles of medical reform as a portion of the onward progress of the age, which is reducing the amount of ignorance, crime, disease and want, and slowly approaching the period when wars shall cease, when crime shall be superseded by education, when disease shall be superseded by an enlightened obedience to the laws of health, and when the medical profession shall become teachers of Hygiene and Anthropology rather than dealers in drugs. This period was remote indeed, but it must come, for such were the laws and tendency of nature, and when it did arrive, the present school of medical reform would be honored as the morning star of the Reformation.

NATIONAL ECLECTIC MEDICAL CONVENTION.—The Convention met at Rochester, N. Y., at 2 o'clock P. M., 11th of May, and was called to order by the Vice President, Dr. TILDEN.

Dr. L. C. DOLLEY was chosen Secretary, *pro tem.*, and the session was opened by prayed by Rev. Mr. GOODWIN.

The books were opened for the reception of new members, and many names were handed in.

The following officers were chosen for the ensuing year:

President—Prof. C. NEWTON, of Worcester Massachusetts.

Vice Presidents.—JOHN SIMMS, M. D. of Delaware, and A. D. SKELLENGER, M. D., of Ohio.

Recording Secretaries.—Prof. S. H. POTTER, of Syracuse, and Prof. L. C. DOLLEY, of Rochester.

Corresponding Secretaries.—Prof. J. R. BUCHANAN, of Cincinnati, and Prof. T. COOKE, of Philadelphia.

Treasurer.—W. HENDERSON, M. D., of Pittsburgh.

Business Committee.—Prof. C. NEWTON, Prof. O. DAVIS, and C. B. ROBBINS, M. D., of Rochester.

We will be able to give the proceedings in our July No. N.

CHLORFORM.—This is an article which has lately been receiving much attention by the profession. We now have several communications upon its use; but we must say, that in every case, it has been given in connection with *very large* doses of quinine; this at once is sufficient to make any, who have never seen the beneficial effects of this medicine in febrile diseases doubts its applicability in fevers. We would suggest to practitioners to use it by itself, and not with the quinine, for this is the only true test of its virtues. We are certain the quantity of quinine given with this new agent in the article before us will cure any ordinary case of fever, (let us have the result in such cases,) but not with quinine. N.

MUNIFICENT DONATION.—The Legislature of Louisiana at its last session appropriated twenty-five thousand dollars for the benefit of the Medical department of the University of Louisiana, to complete its several departments, Chemical and Philosophical apparatus, etc., etc. The same body, at the same time, repealed the odious medical law—and now the law of that State, knows no difference in medical practice—this is as it should be, and soon will be in all the States.

The Legislature of Georgia has donated to the Botanic Medical College of that state, ten thousand dollars, to be appropriated to the erection of College Buildings, etc., etc. N.

OHIO MEDICAL COLLEGE.—Professors Drake and Cobb have resigned their chairs in the medical department of the Louisville University, and have accepted appointments in the Medical College of Ohio, located in this city. Dr. Drake takes the chair of Theory and Practice of Medicine, in place of Dr. Bell, who has resigned and gone back to Philadelphia. Dr. Cobb takes the chair of Anatomy, vacated by Dr. Baxley, who has been transferred to the chair of Surgery, formerly held by Dr. Muzzy, who has resigned. x.

PENNSYLVANIA MEDICAL COLLEGE.—We learn, with much pleasure, that the Faculty of this Institution is about to be strengthened by the accession of Drs. F. G. SMITH, J. M. ALLEN, and J. J. REESE, who have accepted the Professorships of *Institutes of Medicine, Anatomy, and Medical Chemistry and Pharmacy*. The two last named chairs have been lately vacated by death and resignation; the chair of Institutes is a new creation. These appointments are in every respect excellent, and cannot fail to advance the interests of the school in question. Drs. Smith and Allen have for many years filled lectureships in the Philadelphia Association for Medical Instruction, on the branches to which they are now translated in the Pennsylvania College; and the reputation which they have established, as eloquent, erudite, and judicious teachers, is second to none in the country. Dr. Reese has been for some time connected with the Philadelphia Medical Institute as a lecturer on *Materia Medica and Therapeutics*, and has been most favorably distinguished, both as a teacher and as a writer on this and other branches of medicine. His success in the chair of *Materia Medica* is a guarantee of his ability to do full justice to the kindred subject which he now undertakes.

We may also say, in noticing these appointments, that the high personal character and professional standing of the gentlemen named, cannot but give strength and popularity to any school with which they are connected. The Pennsylvania Medical College has already attained a most respectable position, and under this new organization, may rapidly anticipate a brilliant career. We are sure that it will have the cordial good wishes of the entire profession in Philadelphia.

THE
ECLECTIC MEDICAL JOURNAL.

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PART I.—ORIGINAL COMMUNICATIONS.

DYSENTERY.—(*Dysenteria*.)

BY J. S. PRETTYMAN, M. D.

Of this disease there are evidently two species. One of a mild character, occurring sporadically, which is easily subdued, ("Dysenteria Lenta") the other occurring epidemically, assuming a very malignant form and requiring the most vigorous efforts of the physician to arrest its destructive course, ("Dysenteria Maligna.")

Causes.

Of the ætiology of this disease there are many conflicting opinions, one author says, that "it is often produced by exposing the pelvic region too long to cold air." Another, that "morbid humors are retained in the circulation, mixed with the blood, and thrown upon the bowels, causing irritation, inflammation, and all the phenomena of the disease."

In this as well as all other species of disease, it is of the first and greatest importance that we correctly understand the remote cause, that we may prevent its inception, and the proximate, or directly exciting one, that we may scientifically prescribe for, and with certainty remove it when it becomes seated. Among the remote causes authors have named, unwholesome diet, exposure to night air, damp beds and clothes, "*poisonous medicines*," (by which is meant poisons used with the view of curing), contagion, etc. All of which may be included in any thing that tends to obstruct or derange the regular and healthy functions of the system; which is always calculated to make the human organism susceptible to

those extraneous, specific causes, which produce all our epidemics.

This susceptibility has given rise to the prevailing opinion that epidemic disease is contagious; an error which cannot be too soon corrected, as many patients suffer for the want of attention, in consequence of the terror of contagion existing in the minds of their friends. That there is a peculiar specific cause existing in the atmosphere that produces epidemic disease, no one familiar with the attending circumstances can doubt. Of this specific nature we may be ignorant, yet by the effects produced we infer with a great degree of certainty its existence. In proof of this, the known facts attending its inception are sufficient evidence. It is admitted by all writers that those whose systems are previously deranged by the remote causes mentioned above, or any others which produce functional derangements are more liable to be attacked by a prevailing epidemic. This derangement constitutes an epidemic predisposition, which favors the inception of the epidemics wherever the specific cause is applied, while those who are not suffering from functional derangement, and whose systems are in a physiological state, have a *vis conservatrix natura* sufficient to resist the specific influence.

Some authors state that the proximate exciting cause of dysentery is a peculiar acid, which is secreted by the liver, and which irritates the mucous membrane of the intestines. This may be true, in part at least. But why is it that this irritation is not productive of free catharsis? and why is not the irritation communicated as much to the duodenum, jejunum, and ileum, as to the colon and rectum? for it is evident, if the liver secretes this "peculiar acid," that it is first poured into the small intestines, and there its greatest power should be displayed.

Our own opinion of the proximate or immediate exciting cause of dysentery is formed from close observation at the bed-side of the suffering patient, and whether it be strictly true or not, it may excite others to increased efforts to discover the true ætiology. One thing is quite certain, that the view here offered will lead to a successful mode of treatment, which is the principal object to be obtained.

The disease seems to me, to be produced by excessive solar heat, acting upon an *endemic* predisposition, effected by the remote cause mentioned above, which causes an increase of action in the hepatic function, without being followed by a corresponding increase of the intestinal peristaltic action, thereby allowing a great accumulation of bile in the small intestines, which, from its long retention, becomes of an acrid, irritating character, and acts as the exciting cause of the disease. This is abundantly proven by the immense quantity of bilious matter discharged from the bowels when free catharsis is produced, a quantity much greater, we think, than the liver could possibly secrete in the time;

amounting in some instances, in forty hours, to as much as the whole volume of the circulation. Another strong evidence of the opinion here advanced is, the cessation of all urgent symptoms as soon as the bowels are unloaded.

It is well known that excessive solar heat produces excessive biliary action, and it may be that the secretion formed under these circumstances, does not contain its due proportion of alkaline salts (phosphate of soda, phosphate of lime, chloride of sodium, etc.) If such is the case, the bile must be deprived of its stimulating properties, and instead of exciting the peristaltic action of the bowels, as healthy bile does, it is deposited in the duodenum, jejunum, and ileum, and being subject to chemical forces, undergoes a process of fermentation which develops the peculiar irritating acid mentioned by authors.

Symptoms.

This disease is usually preceded by loss of appetite, mild remitting pains in the abdomen, back, sides and hips, which may continue for some days, before the more urgent symptoms set in. These are followed by frequent inclinations to evacuate the bowels, which increase as the disease advances. Until the contents of the lower bowels are discharged the stools are fecal, but soon become scanty, thin, and mixed with blood, and acrid bilious matter. The tenesmus is most urgent, and accompanied with a heavy burning pain. The patient is induced to evacuate often, and after straining for a long time passes only a few drops of acrid bilious matter and bloody mucous, when the disease is immediately established. Nausea, vomiting, a thickly coated tongue, which gradually assumes a dark color, with a hot, dry skin, great thirst, extreme debility and sleeplessness, with a small and frequent pulse, swelling of the abdomen, coldness of the hands and feet, while the other parts of the body are unnaturally hot and dry. If relief is not soon obtained from these distressing symptoms, the evacuations generally cease, the tympanitic state of the abdomen increases, and the pulse gradually ceases.

The appearance of healthy bile, and natural feces in the stools, accompanied with an abatement of the pain and tenesmus, and a uniform moisture of the skin, indicate a favorable termination. As the disease subsides, dark pultaceous masses are discharged from the bowels, showing evidence of long retention, shreds of false membrane are sometimes discharged in immense quantities, adhering and stuck together by a mass of glutinous matter.

Treatment—Preventive and Therapies.

When this disease rages epidemically, it becomes a matter of primary importance to prevent its inception. This may be done in almost every instance by proper attention to diet, regularity of habit, and avoiding exposure to the sun in the heat of the day.

Good ripe fruits in their season operate as a preventive to most of the bowel affections, and especially so to dysentery. They gently open the bowels and remove any excess of the biliary secretion that may be excited by the increased atmospheric temperature. It seems to be another of the wise provisions of nature, that fruit shall ripen at this season, when they are so much needed both as food and medicine. Some precaution is, however, necessary in eating them.

Nature's laws are not to be violated with impunity. The stomach must not be loaded with even this most wholesome food of nature's own providing, at unsuitable time, or you compel it to do an undue amount of labor, which will result injuriously; but let it be eaten, in reasonable quantities, at meal time, particularly at dinner, and the effect will be beneficial.* If the above precautions fail to keep the bowels freely open at least once a day, the following aperient may be taken to great advantage.

R.

Pulveris Rhei, Pulveris Mentha Piperita, *aa* grs. x.;

Potassæ Bicarbonas, grs. xv.

Mix in a cup of hot water, sweetened, and drink on an empty stomach.

The prophylaxis above recommended will, on trial, prove exceedingly efficacious.

Therapia.—If the views herein given of the pathogeny of this disease are correct, the "curative indications" are plainly visible, viz: First, to remove the accumulated bilious matter from the bowels, and second, to restore strength to the debilitated tissues.

To fulfil the first indication in the curative process, it is indispensably necessary that catharsis should be speedily induced. I am well aware of the opposition to be encountered (by advancing this opinion) from some medical reformers, and, I will just say, that my practice is *always* in accordance with the fundamental principle of our system, viz., *Secundum naturam ad sanitatem redigimus*, and if I only differ in the (*innocent*) means made use of, they cannot complain justly. In very many cases the first symptom that will require the practitioner's attention is the irritability of the stomach, followed by excessive nausea and vomiting whenever any thing is swallowed. To overcome this I have frequently resorted to emetics, without the least benefit, and in some instances a manifest increase of this troublesome symptom has been the consequence of their exhibition. In two particular instances, their use was so energetically persevered in, that the friends of one of the patients became alarmed and in my absence called in an Allopathic practitioner, under whose care she recovered; in the other case, the patient, who was a rigid Thomsonian, declared that if the

* In many families where I was consulted as medical adviser, I have recommended the regular use of fruit as above stated, as a prophylactic, when the disease was raging around us with great mortality, and where the advice was followed, they were wholly exempted from its attack.

treatment was not changed, he should die. In this case the vapor bath and enemata were applied as faithfully as were the emetics. After the treatment was changed to that recommended in this article he speedily recovered, contrary to the expectation of his many friends and acquaintance.

To allay this symptom, apply poultices of wheat bran and mustard stewed in hot vinegar, to be changed as often as they cool. Or cloths wrung out of hot brandy, to be assisted by such enemata as will excite the intestinal peristaltic action.* Sinapisms applied alternately with the above will increase their efficacy. Notwithstanding all the efforts that may be made, the gastric irritability will sometimes continue, until the accumulated mass of matter is started from the bowels, when it gradually subsides. Therefore it is best to resort to medicines that act promptly upon the bowels without producing irritation. For this purpose we usually prescribe—℞ Podophyllin, gr. ij. ; Leptandrin. gr. jv. ; Cream of tartar, ℥ ij. Mix and divide into six powders, one to be given every two hours, alternately with half a wine-glass full of a mixture prepared thus—℞ Rhubarb, Bicarbonate of Potassa, Peppermint, equal parts of each, finely pulverized. To a table-spoonful of this mixture, add a pint of boiling water, sweeten well with loaf-sugar, and exhibit.

These medicines may be continued, increased or lessened in quantity as the circumstances of the case require, until the bowels are freely opened, when, as a general thing, they may be lessened, as the natural efforts are increased, and the evacuations will continue without the assistance of active medicines. If great debility ensue, which is often a prominent symptom from the beginning, the former part of the prescription may be discontinued, and the following used in its place :

℞
Quinine et Capsicum, aa grs. xij.
Leptandrin, grs. jv.
Mix and divide into twelve powders.

When a powerfully stimulating diaphoretic is indicated, equal parts of carbonate of ammonia and camphor may be exhibited in pills, in the place of the neutralizing mixture. If the evacuations should decline in quantity, without a favorable change in their appearance, the mixture must be again resorted to, until the urgent symptoms are relieved.

This course of treatment energetically and judiciously applied, will, in the great majority of cases, prove successful in removing the disease ; which may be known by the alteration in the pathognomonic alvine evacuations, which gradually change from

* The "common injection" of Dr. Beach we found particularly adapted to the treatment of this disease, it may be used with safety and benefit in all its stages.

the sanguine-bilious, to a grayish, membranous discharge, consisting either of detached false membrane, or natural intestinal mucous epithelium, which is removed as the disease declines. The skin assumes its natural state, the coating leaves the tongue, which is of a shining red color, and all febrile symptoms disappear.

The diet must be confined to the mildest kind of food, such as barley water, oat-meal or arrow-root gruel, weak beef tea, farina, etc. The stomach will be weak for a long time after the attack, and patients cannot be too careful in the selection of food.

Some may suppose that this course of treatment is too depletive in its character; but we can, from much experience, assure them that such is not the case. Many patients, whose attacks were of the most malignant and dangerous form, and who withal were of delicate constitution, have in my hands been thus treated with the most triumphant success, and without the great debility that usually follows hypercatharsis. This I account for from the fact, that the purgative does not produce that excessive drain upon the circulation, as in ordinary circumstances, in consequence of the loaded state of the superior portion of the intestinal canal; which is also less susceptible to the influence of such medicines, because of the membranous shield formed by nature for its protection.

Where debility is a prominent symptom, after the bowels are once opened freely, the neutralizing mixture and injections are all the purgatives that the physician will be justified in using, while the tonic and stimulating medicines must be freely given, *without any regard to febrile symptoms.*

In our observation of cases treated by the Paracelsian fraternity, we have generally found that their patients die, in consequence of the debility induced by the poisonous and destructive medication, even after the cause of the disease is removed. The mercurial course so freely prescribed by them, although by its purging properties it *may* remove the cause, yet in consequence of the disorganization produced in the blood, and the consequent inability of the system to perform its functions in a healthy manner, the very foundation upon which debilitated nature would build and restore the system to health (nutrition) is cut off, and apothanasia follows as the legitimate sequence.

In the treatment of Dysentery, baths, sinapisms, etc., are resorted to when indicated, as is customary with medical reformers, in the treatment of all diseases that require thorough constitutional medication.

LEPTANDRA VIRGINICA AND SALICACEÆ.

BY W. BYRD POWELL, M. D.

The Eclectic Dispensatory has not, in our opinion, done any thing like ample justice to these articles. While pursuing the study of geology in Arkansas, during a period of five years, for the purpose of restoring our health, we were much of the time in regions of frontier country, from fifty to a hundred miles from a physician. Under such circumstances, humanity compelled us to render our services to the sick, and the forest had, most generally, to furnish our remedial agents. Under such contingencies we were forced to become practically and extensively acquainted with many articles of our indigenous materia medica.

The *Leptandra Virginica* is not confined to "limestone countries," but is common to all in moist situations. We have seen it grow five feet high in both granitic and slaty districts. In some parts of Arkansas, it is almost the only article that is used as a cathartic, but never as an alterative, for of such therapeutic agents the country people there have no idea. They give cathartics for every diseased action of the system, and unless the evacuations have been both copious and numerous, the medicine is supposed not to have done its duty. Under such a practice, we were several times called to save life from hypercatharsis produced by this article.

Discovering, in this way, its cathartic properties, we were induced to use it in smaller quantities; and upon one occasion, having need for an aperient, we took some of it. The result was such as to convince us, that, besides the cathartic, it possessed tonic, and also powerfully alterative properties; which induced us to use it in some cases of hepatic torpidity, and with such success as to leave no doubt but that blue mass could be dispensed with.

In the absence of what we supposed to be far better agents, we resorted to its use, as an anti-periodic, in febrile diseases, and found that it more than met our expectations.

When in Little Rock, though not engaged in the practice of medicine, we had a few friends who preferred our services to those of any one else. Among them we had, first and last, several cases of intermittent fever, which we arrested several times, in succession, by the use of the *sul. quinine*. This frequent return, in quick succession, was not only mischievous, but vexatious; and, for the purpose of a change of remedy, we used the article under consideration. In the course of the season we noticed that the disease did not return, which induced us, during our stay in the State, to use it frequently; and, at this lapse of time, we do not remember a single case in which the paroxysms re-

turned. It must be confessed that more observation is requisite to confirm our present convictions of its anti-periodic virtues.

We used the extract, obtained by boiling the root and evaporating to a proper consistence for working it into pills.

Having had no faith in the use of cathartics for many years in ordinary practice, we have never given this article for such a purpose. In those cases of hypercatharsis to which we were called, the quantity of the extract used must have been from forty to sixty grains, from the best information we could obtain. In our practice with it, we gave, for an alterative, about three grains, and in using it, as an anti-periodic, we gave, on the night before expecting a paroxysm, from six to eight grains, and then in the morning, from three to five more, and in our experience, the chill never followed it. Towards the close of the day the patient would have one or two aperient evacuations. Under such an administration it keeps the patient remarkably sick for about sixteen hours.

We think it more than probable that the resinoid preparation does not possess the anti-periodical virtues of the extract.

The writer hopes that this notice of his experience with this agent will induce the country physicians to repeat its use as an anti-periodic, that its virtues, as such, may be thoroughly tested

Of the Salicaceae.

We make no pretensions to botany, and therefore we can not designate the two varieties of this tree of which we shall treat. They are, beyond doubt, indigenous: our acquaintance with them was contracted in Arkansas: one is common to the Arkansas and Mississippi rivers, and probably to many other streams; it grows into a very tall tree, and, in some instances, obtains a diameter of two feet. Its twigs or small branches are very brittle at their junction with the stalk, of a darkish yellow, not bright, like a foreign variety, which is common about Cincinnati. The tree is straight, and grows near the edge of the river, and frequently forms dense groves of small growth, on the sand beaches.

The other variety, in Arkansas, grows scrubby, about the size of a peach tree, on stony branches, where, in the summer season, there is scarcely any moisture.

Knowing that some varieties of the willow had been used as an anti-periodic, we were, during our first season in the State, forced, for the want of a better, to use the extract of the bark of the tall willow, first above described. The result was so satisfactory that we sought no other agent while in the vicinage of the river.

During our third summer in the State, we attended a very large political gathering of the people in the valley of the Arkansas river, upon which occasion we were called upon for a political speech; but as the opportunity did not suit our politica.

we gave them one upon the cure of intermittent fever, which prevailed very extensively amongst them.

We instructed them to fill a ten-gallon kettle with the twigs and bark of the Arkansas willow, and boil them about thirty minutes, then refill the kettle with fresh material, and thus proceed, till they should have a kettle full of a strong decoction; then strain it, and boil it down to a syrup; then, to avoid burning it, evaporate in the sun to a proper consistence to make pills of the size of a large buck-shot.

In the use of these pills, we instructed to resort to no variety of preparatory medication, but to commence, six or seven hours before an expected paroxysm, and give two of these pills every hour, until the chill came, or its time for appearing should have passed. In the following winter, we again visited that portion of the State, when a Mr. Barnets informed us that the pills he made cured seventy-four or five cases; that another gentleman, a few miles from him, had cured more than fifty; and that, in all, he supposed one hundred and sixty cases, in his acquaintance, had been cured by our address.

In our own practice, we never knew the chill to follow these instructions thoroughly carried out.

It is not our opinion that this willow has much, if any, of the astringent principle; these pills had, more frequently than otherwise, an aperient effect.

Being, upon another occasion, in the southern and mountainous portion of the State, we were called to an obstinate case of intermittent fever, and had no medicine to combat it with. The Leptandrin was not known to exist about there, nor did the tall willow; but the scrubby willow abounded. Supposing, as others have stated, that all the willows possessed similar qualities, we had an extract made of it, and administered it as above taught. It produced no observable tonic or anti-periodic virtue, but so obstinately locked up the bowels as to do more mischief than could have been compensated by a destruction of the chill. It is a powerful astringent, and appears to be as destitute of tonic power as the other is of astringent.

There is, in this vicinity, a willow which precisely resembles the Arkansas, except in size; that their virtues are the same, we cannot answer. Amongst the forest timber, there is another similitude equally striking: the buck-eye of this country is a tree, in that, it is a shrub; in all other respects the resemblance is perfect, even to the effects upon the cattle which eat of them.

Covington, Ky.

HEREDITARY PREDISPOSITION TO CEREBRAL AFFECTIONS.

BY W. BYRD POWELL, M. D.

In your last number we find an extract from the London Lancet, giving a summary account of the views of Dr. Moreau, physician to the Bicetre Hospital at Paris, upon "hereditary predisposition to cerebral affections."

The finale of his conclusions is, "that a family being given, among whose stock there have been one or more individuals affected with insanity, it is very *probable* that the hereditary disease will settle in preference upon such of the children as have little or no physical likeness with the relatives in whom the disease originated, and that the mental affection will, on the contrary, not affect that portion of the offspring who bear to those relatives a more or less striking physical likeness."

In this conclusion there is about as much sound philosophy, and accuracy of discrimination as there would have been, if he had taught that it is "very probable," that apple-trees will bear pears, rather than apples. It is virtually teaching that the defective organization of one parent transmits to progeny a perfect capacity for the performance of its functions and *vice versa*.

Naturalists, without exception, have been forced to the conclusion, that, in the animal and vegetable kingdoms, like begets its like,—that, *ceteris paribus*, healthy parents produce healthy progeny,—that similarity of organization, produces similarity of function. To these laws Dr. Moreau has discovered that man is an exception—that the children which resemble a sound and healthy mother, will inherit the morbid predispositions of the father, and the reverse.

Our observations, for twenty years, have been unremitting and vigilant, and our opportunities have been extensive, perhaps unsurpassed by those of any other individual; and they have forced upon us conclusions directly the reverse of those of Dr. Moreau; and furthermore, they have enabled us to detect the source of *his* erroneous conclusions.

The laws which govern in the premises we shall now disclose.

When a child resembles a parent closely and in all respects, it is, or should be of the opposite sex, and when it is not, it is invariably inferior, and in either event it will as certainly inherit the peculiarities and predispositions of that parent, as white people beget white people and black ones black.

Dr. Moreau was brought to his conclusion by a confirmation of 164 cases out of 192. Now it is very probable that in every 192 children, 164 of them would more or less, partake of the organization of both parents, and in all such cases, the animal organi-

zation gives the preponderating portion of the parental likeness.

Now a child having the physical constitution of the father, would have, from him, all those propensities which preside over his physical existence, and of course, would mostly resemble him; while at the same time, it inherited the peculiarly human faculties of the mother, and these are they in which a predisposition to insanity most generally inheres.

We have now admitted all the facts observed by the Doctor, and correctly accounted for them, without having been forced to his monstrous conclusions.

SPECIFIC EFFECTS OF NEW REMEDIES.

BY PROF. J. KING, M. D.

Since having in 1844, and again in 1846, called the attention of physicians to the resins of *Podophyllum Peltatum*, *Macrotys Racemosa*, *Iris Versicolor*, etc., now known as *Podophyllin*, *Macrotin*, *Iridin*, etc., together, with several other concentrated medicinal agents, they have been extensively manufactured by druggists and others, and the success attending their employment has realized my most sanguine expectations, and has been of such a character as to have produced an unusual interest in the investigation of the active principles of plants, which has effected an entire revolution in Eclectic practice—a decided improvement, both as regards minuteness of doses, and efficacy of treatment. To me this is highly gratifying, as I have always looked upon this change of medication as one of the great influences destined to place Eclecticism eventually upon the pinnacle of medical science, leading the van as the safest, the most effectual, and the most liberal of all systems.

But the mere discovery of alkaloids, resinoids, oleo-resinoids, etc., will not effect this important object—more, much more, must be accomplished, or our discoveries will only tend to burden the science with a quantity of useless (because of unknown virtue,) articles. I allude to the rigid investigation of the *specific effects* of these new preparations, to which I would especially call the attention of all Eclectic practitioners. This is a subject, which, I fear, has been too much neglected, the concentrated articles having been employed in practice with reference only to the acknowledged properties of the crude plants from which they are derived. Yet I am well satisfied that the concentrated principles have a much greater range of application than the crude articles. With *Podophyllin*, *Leptandrin*, *Macrotin*, and *Caulophyllin*, this has

already proven to be the case, and will, undoubtedly, with many others.

We lack a proper knowledge of the *pathogenetic effects* of Sanguinarin, Iridin, Asclepidin, Myricin, Ptelein, Stillingin, etc., and this will continue to be the case until our practitioners divest themselves of their fondness for medical compounds, without a correct knowledge of the influence of each separate medicine. At present a preparation is generally employed because it has effected cures, but whether its efficacy depends upon one, two, or more of the articles entering into it, or whether a simpler form would produce similar results, are questions which cannot be satisfactorily answered.

Among the many new remedies now before the profession for further investigation, I would invite particular attention to an elegant article recently prepared by our enterprising druggist, Mr. W. S. Merrell, which he calls Muriate of Hydrastin, and would suggest trials of it in chronic ophthalmia, catarrhal affections, chronic gleet, affections of the mucous coat of the bladder, colliquative diarrhoea, and in typhoid conditions, where an agent is indicated, which, while it possesses tonic properties, will likewise exert an influence upon the capillary system, etc., and the results of the investigations can always be made known to the profession though the columns of the present Eclectic Medical Journal.

I hope these few brief remarks will influence our practitioners to devote more attention to this matter than heretofore, and that, as they multiply remedial agents, they will likewise closely and accurately determine their pathogenetic effects, and which will be found of the highest importance to the rapid advancement of medical reform.

Cincinnati, July, 1852.

WOMAN, AND THE LAWS REGULATING HER HEALTH.

BY O. E. NEWTON, M. D.

There is, probably, no subject of more importance to the well-being of community than that which relates to woman and her diseases. Woman occupies a high and responsible position in society, perhaps more so than man, as the rearing and education of children devolve entirely upon her; upon her is placed the onerous and momentous duty of teaching and impressing upon the youthful mind; all those principles of integrity, virtue and benevolence which are to guide and control its thoughts and deeds during the riper years of existence, and which are to pro-

duce a life of happiness or misery, according to their proper or improper application, and yet we find her mental and physical condition but superficially regarded, more especially the latter, and her sufferings and privations are, in many instances, deemed only as conditions necessarily common and essential to the sex, without an effort to ascertain their real causes, or the means of removing them.

With woman rests the foundation of kindness, wisdom, and virtue; she is the centre of every domestic circle; her home is the palace where are to be found the purest and loveliest scenes of life, where she plans, directs, and performs every thing calculated to render it a mansion of pleasure, happiness and contentment, and thus by a proper and careful management, effect those influences upon the minds of its inmates which are to advance or diminish the welfare of communities and nations. Woman, then, bears a close and important relation to her family, to community, and to the world; and as both mental and physical health are required, in order that she may thoroughly preform her sacred duties, it becomes absolutely necessary, not only that physicians, philosophers, and philanthropists be acquainted with the peculiarities of the sex, but likewise that they be more perfectly known by herself.

Although science has accomplished much towards alleviating the physical afflictions of the female sex, yet it is a fact deeply to be regretted, that but few, comparatively speaking, are in the enjoyment of good health—indeed, we do not think we exaggerate in stating, that only one in twenty can truly boast of freedom from disease; an appalling statement, and which should arouse the sympathy and fears of all who are interested in their prosperity. And when we consider the great variety of diseases to which woman is liable to in consequence of her peculiar organization, and the customs of society to which she must conform, and also ascertain the comparatively slight attention which has been bestowed upon them by the physician and herself, we cannot wonder at the remark so commonly used: “Why is it that females are so unhealthy?”

A most prolific source of disease among women is tight-lacing—a custom or fashion which exists to such an alarming extent, that common sense has, as yet, been able to do but little in reforming the evil; nor can much be done to maintain the integrity of the female constitution until this pernicious habit be overcome. Close confinement, or general sedentary habits, where the individual is deprived of the all-important advantages of exercise, fresh air, gay and lively scenes and companions, may also be named among the most fruitful causes of ill health; and the suffering and distress which have been occasioned by these causes are of frightful contemplation, compelling us to wonder, why woman, who is so richly endowed with grace, beauty, virtue, and intelligence, will

allow herself to become a slave to the whims of fashion, when of a pernicious and highly destructive character to health and life ;—foregoing all the comforts and pleasures of health to gratify the vain and ruinous requirements of a vitiated and unnatural taste. And when we review with painful emotions the destruction of life which their bondage in this respect has produced, we cannot but breathe an earnest hope that a reformation may take place, and that she may become intimately acquainted with the laws regulating her system both in health and in disease.

One great means for avoiding the many difficulties arising out of the above-named causes, and to which we would especially call the attention of parents *and teachers*, is a more extended knowledge of the anatomy and physiology of the female system, whereby a better acquaintance can be had with the organization of the human frame in all its parts, and with the functions of the various organs, and also with the duties imperatively required to preserve them in a constant state of harmony and integrity. This is a subject concerning which females are unfortunately kept in too much ignorance, but which, if correctly taught, would develope such facts to them, as must, from their very nature, dispose them to resist all customs and fashions at variance with perfect health, and adopt means to rid themselves of the life-destroying shackles fastened upon them by the vices and ignorance of a past generation.

In addition to this, every physician, who regards the welfare of the sex with anxiety and interest, should esteem it his privilege and his duty to freely and fearlessly advise and instruct all those who depend upon him as their medical adviser, even while in health, upon such matters as tend to prevent or remove disease. By this course, the female will be enabled to so regulate her system and its various functions, that when she becomes a parent, instead of being the miserable mother of still more miserable offspring, she will present to society strong and robust children free from all hereditary tendencies to any disease whatever. We feel confident, that such must and will be the happy result to women, to her offspring, and to society, if the means for its furtherance, to which we have so briefly referred, be universally adopted.

The organization of woman is as mysterious as it is important; and a correct observance of the laws which regulate and govern this organization, is as important as it is beneficial.

Cincinnati, July, 1852.

PART II.—MISCELLANEOUS SELECTIONS.

THE LIVER AND ITS DISEASES.

BY W. B. HERRICK, M. D., CHICAGO, ILLINOIS.

"The jaundiced thus, see all things round them clad
In yellow; every object as it flows
Meeting new tides of yellow, from their forms
Thrown forth incessant; and the l'rid eye,
Deep, too, imbued with ~~the~~ contagious hue,
Painting each image that its orb assails."

THE above quotation from Lucretius, descriptive of a class of persons whose defective visual organs "see all things round them clad in yellow," cannot fail to remind the reader of certain practitioners, the patients of whom are always *bilious*.

With them, constipation or diarrhœa, dry skin or profuse perspiration, want of sensibility or extreme irritability, alike indicate that their patients are bilious, and require, therefore, in their treatment, blue pill, calomel, or some other mercurial.

This class of physicians, who thus make diseases so unlike in character and symptoms dependent upon the same cause, and, as a consequence, adopt the routine practice above indicated, must be deficient in judgment and mental capacity; or, what is worse, too indolent to obtain and appropriate to their use the facts and information acquired by others, by which their mental vision might be extended, so as to embrace more than a single class of diseases, and one mode of treatment.

In order to show that we are fully justified in making these strictures upon this class of practitioners, we will state briefly what is now known of the structure and functions of that organ, upon the abnormal condition of which these so-called bilious affections are supposed to be dependent.

The *liver*, as is well known, is a glandular organ, constituted of cells, excretory ducts, and blood-vessels. The cells are supplied by the vena portarum with the imperfectly elaborated and impure venous blood, directly from the absorbing mucous surfaces of the stomach and intestines; whilst the ducts, on the other hand, are surrounded by the terminal branches of the hepatic artery, containing pure blood from the great arterial current.

From recent physiological investigations, it appears highly probable that the hepatic cells abstract from the impure blood in the portal vein the starchy and, perhaps, some other carbonaceous substances derived from food, and change them either into

the fatty constituents of bile, or into sugar, to be reabsorbed by the hepatic veins.

That this change from starch granules to fat globules does in reality take place in the hepatic cells of the higher order of animals is rendered almost certain by the observations made by Liedy upon the follicular liver of the crustacea.

"When," says he, "a cæcum is viewed beneath the microscope, its lower half appears filled with a finely granular matter, and the anterior half with a mass of fat cells." That some of the carbonaceous substances contained in the blood are changed into sugar, during its passage through the liver, is made evident by the recent very conclusive and highly philosophical investigations of M. Bernard.

"He examined," says Donaldson, "the contents of all the principal venous trunks: the vena porta, the inferior and superior cava, the jugular, &c., and, singular to say, he could nowhere detect its presence (sugar), but in the hepatic veins, and in the ascending cava, and thence to the right auricle. There being no trace of it in the blood flowing into the liver, nor yet in the pulmonary veins, was not our experimenter justified in coming to the conclusion that it was fabricated in the liver and destroyed in the lungs?"

According to Liebig, the saccharine constituents of blood are, by two successive stages of oxydation, converted primarily into lactic acid, and finally into carbonic acid and water. Hence it would appear that sugar, whether absorbed directly as such, or formed in the liver, in the manner above indicated, supplies by its combustion the amount of animal heat required over and above that which would necessarily result from other and more important chemico-vital changes.

In view of these facts, it is rendered highly probable, if not absolutely certain, that the office of the hepatic cells is to take up the starchy materials, contained in the portal blood, and convert them either into fat or sugar, according as they are required or not to subserve the immediate purpose of respiration—into sugar when, from a deficiency of lactic acid and other organic compounds readily convertible into carbonic acid and water, there is a deficiency; and into fat, when an excess of these substances affords already an abundant supply of respiratory food.

The sugar thus formed is taken up by the hepatic veins, and passes immediately into the circulation, there to be changed by oxydation; first into lactic or some other organic acid, and finally into carbonic acid and water.

The fat, on the other hand, passes into the terminal branches of the hepatic ducts, where it finds, in the capillary network derived from the hepatic arteries by which they are surrounded, an abundant supply of arterial blood. This, doubtless, furnishes both the oxygen and the alkali, by which the fatty matter is ren-

dered soluble, and made to pass readily and easily through the small hepatic ducts as a fatty acid combined with soda, in the form of bile.

These views of the physiological action of the liver are fully sustained by numerous facts, physiological, pathological and chemical, which, however, can not be presented in the short space allotted to this article; it being our object at this time, not to sustain our own peculiar physiological views, but to make such practical suggestions as may serve to direct the attention of our readers to the subject, and to show them the absurdity of the present indiscriminate mode of practice, adopted by many, in the so-called bilious affections, supposed to be dependent always upon some morbid condition or action of this much-abused organ.

From what has been said, it is evident that in warm latitudes, and in summer, when there is less oxygen, and, consequently, more lactic and other organic acids in the blood, the liver must change a larger proportion of the starchy constituents of food into fat. If the amount of oxygen and free soda in the blood is sufficient to combine with this fat, and render it soluble, it passes readily out of the liver into the intestines, in the form of bile, and is reabsorbed by the lacteals, like other fatty matter, and no indications of disease appear; or, if in great excess, it passes off in the form of profuse bilious discharges, so common in the summer, especially in the South and West. A still greater deficiency of oxygen, and consequent accumulation of organic acids in the blood, to combine with its alkaline constituents, would diminish proportionally the amount of free soda, and thus prevent it from entering into the constitution of bile to a sufficient extent to make it perfectly soluble, and to neutralize its fatty acids, and thus give rise to acrid and vitiated bilious discharges, or to congestion, torpidity, and enlargement of the liver, from an accumulation of imperfectly-dissolved fatty matter in the hepatic ducts.

Admitting the correctness of the above views, it is evident that the proper treatment for the whole class of liver affections, above enumerated, would be the administration of alkalies, especially those which are among the natural constituents of blood, such as potash and soda.

Two years' experience in the use of potash and soda, in some of their forms, as remedies in the above-named class of diseases, has convinced the writer that one or both may be used with confidence as substitutes for calomel, in the treatment of such cases.

That the class of remedies under consideration was formerly used, much more extensively than at present in liver affections, is evident from the following quotation from Good's Study of Medicine, published in 1829, in which, after discussing the merits of the dandelion as a remedy for jaundice, the author remarks that "soap and alkalies seem to have much better pretensions to

favor, and have been still more widely employed in this disease, and generally regarded as general, and hence hepatic solvents."—*North-Western Med. and Surg. Journal.*

MEDICAL EDUCATION OF FEMALES.

MRS. L. S. HALL, WORCESTER, MASS.

As to the education of females as physicians, the day has already dawned, light is disseminated, and knowledge is increased. Gratitude and honor are now justly due to many celebrated writers and scientific physicians, for the zeal which they have manifested in this branch of reform, although much is yet to be done before the practice will be restored to its original place, where our Creator designed it should be. Physiological knowledge must be diffused among the people, and union and harmony must exist in our medical departments.

We do not ask for separate medical institutions for females; but we do fervently and prayerfully solicit, through the guidance of our heavenly Father, that boon which so justly and properly belongs to woman, equal medical advantages with those enjoyed by man. No one, in these days of reform, will pretend, for a moment, that woman cannot be equal to man in knowledge. We have women of noble minds and noble intellects. To these we direct our thoughts, and not to sex alone; and we consider that the faculties of the mind will ever depend on the distinctive character of their innate organization, whether they be masculine or feminine. It is by the mind that our characters are formed. It is the mind which must be developed.

The strong religious element in the true woman's nature, with an innate knowledge of her own abilities, will inspire her with a confidence which will guide her safely through every responsibility of a professional life, or any emergencies to which she may be called. I do not assert, that all women are capacitated for the duties of a physician, any more than I pronounce every man a Webster; but I do say, that those of piety and respectability, whose perceptions are clear, and in whose character sympathy and propriety are richly blended, will, with a medical education, be adequate to the task. A thorough systematic education, (instead of a crowd of miscellaneous notions strangely confused with an idea, as some term it, that *book knowledge* is unnecessary, and that they are physicians by nature,) is requisite to guide aright the quick perceptions of woman. The community is already awake to the importance of having female physicians for the female sex.

My own professional practice, for years past, has directed my attention to many matters of female delicacy; and all, I think, will acknowledge, that women should treat the diseases peculiar to their own sex. Cannot those who are organized like ourselves, best understand our nature, and know how to alleviate our wants, by their own experimental knowledge? And is it not more congenial to woman's nature, considering the many physical liabilities so common among women, to unburden her feelings to one of her own sex, on whose superior knowledge she can rely? Justice demands, that we should have female physicians to officiate as midwives. This is demanded, too, by the heart of true delicacy and refinement; and no one but the person governed by self-interest wishes to keep this practice from its original hands, which are those of female midwives.

Let women stand side by side with man in the healing art, and the moral character of society will soon wear a very different aspect. Let the young and confiding female consult one of her own sex, and there will be no snare to allure her from the path of virtue and rectitude; and no stigma or reproach will rest on the male practitioner for deviating from the path of integrity. Through the presence of woman, as a physician, virtue and purity will pre-empt over many now existing evils. Does not this duty devolve on woman? Let her, in the love and fear of Him who is the giver of all good, in the consciousness that this path is just, fit herself for this profession. What duty can be more delicately feminine, or more truly womanly than this? No position could be possibly assume, so well calculated to call into exercise those heavenly qualities of mind, universally conceded to her, as the position at the bed-side of a languishing fellow-being. More especially, in those cases of anxiety and suffering, sorrow and pain, peculiar to her own sex, might she be hailed as a ministering angel. While she bears, in her hand, the balm for her physical woes, she carries, treasured in her heart, influences, which, when scattered around, almost make the bed of suffering pleasant. It is a worthy and elevating vocation. Woman cannot obtain true dignity or happiness, except by true usefulness; and it is her duty, privilege, and honor, to make herself useful.

CASE OF INTUSSUSCEPTION IN A CHILD SIX MONTHS OLD.

The child appeared, for two days, to be a little unwell by spells, but so slightly, that it was thought but little of, and, when fully roused, was actually at play. All at once, he seemed to faint away, and, at this time, I was called to see him. He was

thought, by the parents, to be dying; the pulse almost ceased. I stimulated him, and the pulse soon came up. Immediately he commenced passing blood from the bowels. I tried to physic him, but he vomited all that was given him. He would nurse heartily, and vomit all up immediately. He continued to pass nothing but blood. Various kinds of enemata were tried, to no effect; and various things were given, for six successive days, at the expiration of which time, the child died.

POST MORTEM EXAMINATION.—The bowels, in the upper portion, were filled almost entirely with wind, and were very much inflated, so that, when the incision was made, they pressed out through the first opening.

I first looked at the liver. That appeared in a healthy condition. I next looked for the colon. Beginning at the right iliac fossa and following the course around among the inflated intestines, I found the first portion of the colon, for about one fourth of the way down the descending colon, having a part of the ileum received into it, as though it had been swallowed. I found the rest of the colon impacted as full as it could be, as well as the whole rectum. The inverted intestine was filled with coagulated blood, but no substance could be found, which seemed to have caused the difficulty. The child, up to the time of his last sickness, was one of the most healthy; and the adipose tissue, on every part of the abdomen, was abundant.

I have now given you an outline of the case. What I want is, an explanation of the probable cause of the intussusception, and an explanation of the means, if there were any, of removing the disease. Please communicate through your invaluable journal, or otherwise, just as you shall think best; and you will much oblige your humble servant,

ISAAC S. ALGER.

Wiltiston, March, 12, 1852.

REPORT ON DISPENSATORIES, etc.

BY PROFS. KING AND NEWTON.

To the National E. M. Convention, held at Rochester, N. Y., May 11th and 12th, 1851:—

The Committee on Dispensatories, etc., appointed by the U. S. E. M. Convention, beg leave to report, that since the last annual meeting of the Association, there has been issued a work, entitled the "E. M. Dispensatory of the U. S.," by King and Newton, both of whom are members of the Committee. The Committee are aware that this work is not as perfect as could be desired;

though, if so, their delineation is very incomplete. Galie gives a graphic account of a similar train of phenomena produced by the use of large doses of calomel in hydrocephalus and croup.

Dr. Boling is disposed to attribute this effect of antimony to its direct action on the intestinal canal, by reason of a portion of the quantity administered not becoming absorbed; and believes that our object, in attempting its prevention, should be, to administer the drug in such divided doses as to secure its complete absorption. Although never in the habit of giving very large doses, he has even diminished these; and finds the remedy just as efficacious now that he gives only from three to six grains in the twenty-four hours, as when he gave double the quantity; while the mischievous effects have been of much less frequent occurrence. He dissolves the above quantity in six ounces of water, and gives a tea-spoonful every half-hour in the day, and two tea-spoonfuls every hour at night. He prefers water as a vehicle, as mucilaginous fluids delay the absorption of the medicine. More recently, he has administered the medicine, in somewhat larger doses, as an enema with good effect.—*Amer. Jour. Med. Sci., No. 44.*

The writer of the above should have discarded this agent in all diseases as do the Eclectic physicians. N.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

At the request of several judicious friends, the editor of this Journal and Prof. Burham attended the annual meeting of the National Eclectic Medical Association, held at Rochester, N. Y., on Tuesday and Wednesday, May 11th and 12th, 1852. It is already known to many, that we thought proper to unite with them, and bear a part in the business transactions of the meeting. As the Worcester Medical Institution and the friends of medical reform in New England have hitherto maintained a somewhat independent position, we suppose, that some will be curious to know on what ground we concluded to ally our interests, as medical men, with the interests of Eclectics generally. We will briefly explain.

We went to the meeting of that Association prepared to act the part merely of *lookers-on*, unless we should discover good reason to believe, that, as a body, they were firmly established in the doctrine of an innocent and sanative medication, as generally received by medical reformers in New England. But, on the other hand, we were prepared to lay aside all over-strenuous regard to names, and enter heartily into a cooperation, if we

should find with our Eclectic friends a disposition to union, together with sufficiently elevated and correct views of the science of medicine.

We did find a controlling and an overwhelming majority thoroughly indoctrinated in the leading medical truths, which we in New England entertain. We did not, indeed, find the crude notions of some of the earlier reformers, that fever and inflammation are not diseases, but sanative efforts of nature, to be increased rather than subdued by the physician; nor yet the more refined sentiment of Wooster Beach, M. D., that all "disease is a sanative effort of nature to repair an injury to the system, or re-establish health." All such nonsense and quintessence of nonsense is necessarily repudiated, where the light of true science is allowed to shine. But we did find our Eclectic friends disposed to regard disease as the opposite of health, or an infringement of the laws which govern the constitution in its normal state. We found them, too, possessing clear and enlightened views of the proper means to be employed in the removal of disease. They recommend such as sustain, and not those which depress, the vital powers. All which, in the ordinary administration, are liable to do harm, they totally discard, particularly, the various preparations of mercury, antimony, and arsenic.

The creed or medical faith adopted at Rochester, by this body, will soon be published, with other documents, in pamphlet form; and, when it appears, it will, we believe, be perfectly satisfactory to even the most fastidious of our New-England friends. What more, then, could we ask? Names are comparatively nothing. Why should a distinction be kept up in the medical ranks, where really no important difference exists? Among reformers in medicine, a narrow and selfish policy has been too often pursued; but the time has come, we trust, in which genuine liberality predominates, and an untrammelled pursuit of the truth is prominently encouraged.—*Worcester Med. Jour.*

ACTIVE PRINCIPLES OF THE *RHUS GLABRUM*.

BY W. ELMER, M. D.

RHUSINE.—This is a Resinoid obtained from the leaves of the *Rhus Glabrum*, (Upland Sumach.) It is prepared by percolation with *spiritus rectificatus*,—specific gravity 0.830. The solvent is displaced by means of a vacuum apparatus. The Rhusine is then precipitated and washed with *aqua distillata*, dried on filter cloth, in an airy, dry room, and reduced to a fine powder.

Medical Properties and Uses.—Tonic, astringent, and antiseptic.

—In the treatment of diarrhœa, dysentery, and bowel disease generally, Rhusine is a remedy of great merit, and seldom disappoints the expectation of the physician. Its action as a tonic is peculiar to the mucous membrane, while its astringent effects are mild, yet sufficiently active for the successful cure of the above diseases. It must not be forgotten, however, that in all cases of diarrhœa and dysentery, the exciting cause must first be removed; and no remedy is of more value, in fulfilling this indication, than the leptandrin. The most successful treatment, is as follows:—Leptandrin is given in doses from one to two grains, every two to four hours, till a cathartic effect is produced. The Rhusine is then given in doses from one to two grains, every two, three, or four hours, according to the severity of the case.

The concentrated semi-fluid preparation of the *Rhus Glabrum*, contains all the essential properties of this plant, in a convenient form, for the treatment of old ulcers, sores, putrid sore throat, bronchitis, sore mouth and throat in scarlet fever, mercurial salivation, etc.; for which it is an excellent remedy. Its medical properties are similar to the resinoid principle, but it contains more tannic acid, and is therefore more of an astringent. It also contains the coloring and extractive matter. In diseases of the kidneys, putrid fever, etc., it has been used with favorable results. Doses, from five to ten drops. For a gargle, or external application, it may be diluted with alcohol.

A. P. Institute, N. Y. May, 1852.

EXPULSION OF TAPE-WORM.

BY J. X. CHABERT, M. D.

I send for publication the following case of tape-worm, which has been successfully treated by me. I also send you the mode of preparing the empyreumatic oil, which you will oblige me by publishing in connection with this case.

Mr. Deding, No. 61, Avenue C, New York, æt. 35, had for many years been afflicted with tape-worm, and had been under the treatment of several physicians. He frequently passed large quantities of the worm, but the head was not discharged, and the worm accumulated again. I put him under the following treatment, which expelled the entire worm, including the head. I commenced by giving him a mild purgative of cream of tartar, sulphur, and confection of senna. This having evacuated his bowels, I gave him the empyreumatic oil, two teaspoonfuls morning and evening, for three days, and a plentiful and frequent use of barley water. As is usual in cases where the empyreumatic oil is employed, quantities of mucilaginous matter were discharged

accompanied with portions of the worm. As my object was to discharge the worm as near entire as possible, I abandoned my old practice of giving calomel and jalap as a cathartic, and substituted kousso, it being both cathartic and anthelmintic. I gave him three doses of the kousso, 3j. each, which produced a powerful catharsis and evacuated the worm almost entire, including the head. The worm was discharged into a chamber containing water, through which it swam freely. My object in giving kousso is, that as it is both cathartic and anthelmintic, and very rapid in its cathartic powers, I judged it would expel the worm entire, as was the result. I measured the worm; it was over sixty-five yards, and shall be pleased to let any medical man see it, as well as my museum, which contains many interesting subjects of this nature.

I have tried the kousso alone in some cases, but without success, and I think if it is administered after the empyreumatic oil, it will be found a useful and certain auxiliary.

The following is the mode of making the empyreumatic oil, which is here given for the information of the profession. *R.* Mix one part of the empyreumatic oil of hartshorn, one part of oil of turpentine; let them stand for three days, and then distil in a glass retort over a sand-bath; let three fourths pass over, and destroy the rest.—*Boston Med. and Surg. Jour.*

COMPOUND FLUID EXTRACT OF SENNA AND DANDELION.

BY EUGENE DUPUY, PHARMACEUTIST, NEW-YORK CITY.

Senna (official),		two pounds.
Torrefied dandelion root,		one pound.
Chamomile,		quarter of a pound.
Sugar,		twenty ounces.
Carbonate of potash or soda,		one ounce.
Oil of gaultheria,		half a drachm.
Alcohol,		two ounces.
Water,		half a gallon.

Mix the dry plants, previously reduced to a coarse powder, with the water holding the alkaline carbonate in solution: let the mixture stand twelve hours; introduce it in a percolator, and gradually pour in water until a gallon of liquid shall have passed; evaporate it to twenty ounces by means of a water-bath, then add the sugar, filter, and make the addition of the alcoholic solution of gaultheria when cold. By following this process, I

believe that a kind of saponification takes place, which allows of the more ready solution of the active principle of the senna in the aqueous vehicle, probably because chlorophyll being united to a dried essential oil, participating in the properties of resins, is rendered soluble, and the extractive portion being denuded of its resinoid covering, is more readily extracted by the percolating liquid. I make use of a percolator possessed of a convenient hydraulic power: it has rendered readily, within thirty hours, a highly saturated liquid, containing in a gallon all the soluble principles of this extract. Ordinary percolators will answer also; but the ingredients needing to be more loosely packed, do not yield so fully or so readily. The addition of torrefied dandelion root is intended to give to this fluid extract some greater value on account of its peculiar action on the hepatic system. I employ in preference the German chamomile (*Camomila vulgaris*), because of its pleasant aroma and its carminative properties, joined to a bitter principle, which seems to increase the purgative effect of the senna.

This extract has become a favorite anti-bilious purgative with many of our practitioners, who, some of them at least, have used it with success with children, who can take it readily, as well as for adults, where an anti-bilious purgative is desirable, seldom producing pain or nausea, and not liable to produce constipation.—*New-York Jour. of Pharmacy.*

ARTIFICIAL FEET.—Some time since reference was made to the case of a young man who lost both feet by being crushed during the tornado, last summer, at West Cambridge, Mass. One leg was amputated above the knee, and the other below, by Dr. Townsend. Artificial legs and feet have been fitted to the stumps, at Palmer's establishment in Springfield. We saw the unfortunate sufferer walking about, the other day, in Boston—and we are quite sure no person would have suspected his lower extremities were made of wood. The success attending this case is a triumph of art, and highly creditable to the ingenuity of the manufacturer. If he could put on artificial heads as well as feet, perhaps the State would be a gainer.—*Boston Med. and Surg. Jour.*

PHILADELPHIA COLLEGE OF PHYSICIANS.—A report on the meteorology and epidemics of 1851, constitutes a large portion of the quarterly summary of this college for April. It is exceedingly minute, and in all respects must be acceptable to those who have a taste for such investigations. Dr. Ruschenburger has omitted

nothing that was necessary to make the tabular statements complete. The other papers are less interesting than heretofore. It is not possible, however, to keep up an uninterrupted file of first class articles in any periodical. As a whole, we consider this publication to be among the most valuable in the country, on account of the originality of its matter. The members borrow nothing—all their thoughts are their own.—*Boston Med. and Surg. Jour.*

PHILADELPHIA MEDICAL AND SURGICAL JOURNAL.—This is to be a bi-monthly—a neat, respectable sheet, with evidences enough in the first number to show that men of thought are the conductors. Why don't the editor place his name on the frontlet of the Journal? May the enterprise thrive, and the projector get something more substantial than praise in exchange for literary drudgery. The printer should spell correctly, hereafter, the name of the city in which he resides.—*Id.*

VETERINARY MEDICINE.—Some progress is making in Boston, in this important branch of business. Gentlemen of education do not think it beneath them to study the diseases of animals. All will allow that it is an eminently humane pursuit; and when veterinary practice is based on scientific principles, it becomes at once a dignified profession. Mr. Wood, the writer of an article two weeks since, has favored the Journal with another on scarlatina of the horse, drawn up with peculiar care. It evinces a thorough familiarity with the anatomy of that noble animal, and the diseases to which he is incident.—*Id.*

MEDICAL COLLEGE OF SOUTH CAROLINA.—The large attendance of students during the past lecture season, at this College, must have been gratifying to the Faculty, who are an able body of instructors, and have succeeded in raising the reputation of the institution to a commanding position. Two hundred and twelve students indicate a flourishing state and a growing renown. Prof. Agassiz's name appears as a permanent member of the Faculty, in the chair of Comparative Anatomy, with the distinct understanding that the expenses of the students are not to be increased by the addition. One hundred and three were graduated recently with the degree of doctor of medicine. The premium of a silver cup was awarded to Dr. T. Gaillard Thomas, of Charleston, for an excellent paper on cod-liver oil. Prof. Agassiz was complimented by the class. From the stress laid on the value of the

study of comparative anatomy, in the circular of the college, it may be hoped that this too-much-neglected science is destined to be held in better estimation for the future, especially in that school. Prof. Agassiz states that he has decided to complete a work—a text-book of Comparative Anatomy—for the use of American students.—*Ib.*

IMPROVED SYRINGES.—A medical practitioner, of Boston, has devised an improvement upon various kinds syringes, that is said to be of peculiar value, the particulars of which will at a proper time be given by the inventor. He is confident that a principle of great utility has been applied, and a considerable outlay of capital has been made in the construction of machinery, and the preparations for manufacturing extensively. Druggists know very well that the annual sales of these simple instruments, even in a single city, amount to a vast sum. The idea, therefore, of supplying every market, even to the West India islands and California, presupposes enterprise and energy, independent of money.—*Ib.*

CONNECTICUT PHYSO-MEDICAL SOCIETY.

[The friends of true medical reform in Connecticut, seem to be doing *the right thing*. From the Secretaries of the Society we learn, that they "are united, and are determined to *go ahead*." They, a year since, seceded from the *ultra* party, by which they had previously been clogged in all their efforts to elevate the character of the profession; and, having put their hands to the plough, they are not disposed to look back. Of the remnant of the old Society, one of the Secretaries writes, "They sent a Committee to invite us to reunite with them; but the Society, by their vote, unanimously declined acceptance." This is as it should be. Comparatively, our friends had nothing to gain by a retreat, but everything to lose. Truth is elevated in its character, and the profession generally will be affected by it. Why, then, should any abandon themselves to error and degradation?

The Secretaries have sent us the following abstract of the doings of the Society.—EDITOR.]

OFFICERS ELECTED.

- DR. G. N. LANGDON, of Bristol, *President*.
- " O. H. JEWELL, of Guilford, *Vice President*.
- " J. W. JOHNSON, of Hartford, *Cor. Secretary*.
- " G. ANDREWS, of Wallingford, *Rec. Secretary*.
- " J. KELSEY, of Bridgeport, *Treasurer*.

Board of Censors.

DR. E. BURR, of Middleton. DR. S. SPRAGUE, of New Haven.
 " J. W. JOHNSON, of Hartford, " H. I. BRADLEY, " "
 DR. L. L. DICKINSON, of Colchester.

Finance Committee.

DR. M. BROCKWAY, of New Britain, DR. BENJ. WAY, of Plainville,
 DR. V. L. BALDWIN, of West Meriden.

The following Resolutions were adopted.

1. *Resolved*, That it shall be the aim of this Society, in all its deliberations, to elevate the standard of medical reform, and show to the world, by our acts, the sincerity of our profession.

2. *Resolved*, That we invite, into our ranks and to our cooperation, all persons who, being duly qualified, are disposed to aid in the fulfilment of the above resolution.

3. *Resolved*, That we believe high medical attainments are requisite, and we will impress this upon the minds of all students of medicine, who may receive instruction from any member of this Society.

4. *Resolved*, That, to accomplish those high attainments, we recommend, that every student of medicine shall come up to the requirements of the Worcester Medical Institution, believing that the principles taught there are sound and scientific, and worthy the confidence of all.

[At this meeting, we learn, that a Constitution and code of By-Laws were harmoniously adopted, and important measures were taken to advance the interests of the Society. We trust, that, as time rolls on, the "little one shall become a thousand," and the "small one a strong nation."—*Editor.*—*Worcester Jour. of Med.*

EXCESS OF FEMALES IN GREAT BRITAIN.—"In 1841, there were 493,303 more females than males in Great Britain. In 1851, the excess is 550,157. In 1842, it was 654,429—an increase greater than the whole increase of population would lead one to expect. This growing disproportion of the sexes has lately attracted the attention of philanthropists, and has suggested the scheme of conveying such women as are qualified for it to colonies, where the disproportion is the other way."—*Eclectic Jour. of Med.*

PART III.—EDITORIAL

TREATMENT OF CHOLERA.

For the benefit of those of our subscribers who have not been informed concerning the treatment of our Eclectic physicians in the Cholera of 1849, '50, '51, and which proved so decidedly superior to any other, we republish the following minutes of a meeting of the Eclectic Medical Society of Cincinnati, held Sept. 17, 1849. The treatment herein given is the same as that pursued at present, no material alteration for the better having been made, and it will undoubtedly prove acceptable to those physicians in whose neighborhood the disease may manifest itself. N.

Eclectic Medical Society—Treatment of Cholera.

At a special meeting of the Eclectic Medical Society, held on Monday evening, September 17, for the purpose of discussing the treatment of Cholera, the following remarks were made by the members, which have been reported by the Secretary, for the Eclectic Medical Journal.

Dr. Morrow remarked that his views of the nature of the disease had not been modified since the commencement of the Epidemic. He still considered that there was some local cause of irritation existing in the alimentary tract; some specific cause of irritation, the precise nature of which was not fully understood; but supposed however, from the efficacy of alkalies in the treatment, that it was of an acidulous character. He would not say that all the irritation depended upon an acidulous poison; but believed that there were other influences tending to determine the fluids internally, in addition to the local cause of irritation; that the morbid impressions were owing to the joint agency of the general influence of the disease on the whole system, and the local independent cause.

Dr. Morrow further remarked, that whatever might be the primary cause of the disease, the first effect appeared to be the formation of an acid. In Cholera Morbus there was an abundance of acid, and hence that disease has been attributed to the presence of the acid. In Asiatic Cholera we have great indistinctness to action, stupor, indifference and carelessness about life, utter prostration of the vital energies, and other symptoms showing that the brain and nervous system are implicated in the disease.

Alkalies have acquired an established reputation in the treatment of Cholera. Dr. Jordan, late Physician to the Cholera Hospital, used weak ley abundantly; one of his prescriptions was saturated tincture of prickly ash berries and weak ley, which preparation it was believed he used very advantageously.

In regard to the *treatment*, he considered the most prominent indication to be the production of an equilibrium in the circulation and excitability. This, beyond all question, was the most important and urgent indication to be fulfilled, and the most successful results followed its production. To fulfil this, he had found no other single preparation to have a better influence, in most cases, than the compound tr. guaiac., prepared by adding gum guaiacum, cinnamon and cloves, of each pulverized one ounce to a quart of best brandy, and given in doses of from a tea-spoonful to a table-spoonful in hot sweetened water and brandy every 15 or 20 minutes until relieved. This had been found to be an excellent stimulant and astringent, closing the mouths of the absorbents, and checking the discharges. In a few instances this preparation did not appear to answer, but as a general remedy, he considered it the most useful with which he was acquainted. In some cases, where excessive nausea was the most prominent symptom, he had found it advisable to commence the treatment by giving an *emetic*; the operation of the emetic relieved the gastric irritability, equalized the circulation, and checked the spasms. As an emetic he preferred the Acetous Tincture of Lobelia and Sanguinaria, with the addition of one-third Spiritous Tr. Aralia Spinosa. This was given in doses of from a tea-spoonful to a table-spoonful every ten minutes in warm catnip tea, sweetened. In urgent cases it was given in larger doses and frequently repeated.

The saturated tr. prickly ash berries (*Xanthoxylum frax. bac.*) had been used with great benefit; he had found it an excellent and prompt remedy. When given in the early stages, it would frequently relieve in from 10 to 20 minutes. He had used it in doses of from two to three table-spoonfuls. In cases of severe spasms, vomiting, prostration, and profuse rice-water discharges, he had given a tumbler half full at a dose with benefit. Of late he had used the Tr. Xanthox. Frax. Bac., and the neutralizing extract as prepared by Mr. Merrell, equal parts of each, and had found this combination prompt and efficient. In the earlier stages of the disease, would consider it a most suitable medicine. Bottles of hot water, hot bricks, etc., were used, and if much pain or spasm, extensive sinapisms. In the advanced periods he had found it necessary to produce full, free and copious perspiration, which would relieve in a majority of cases, say 19 out of 20. He thought that those who lost sight of the necessity of producing this determination to the surface, would fail in obtaining the successful results attending the practice of those who regarded it

as the most important indication to be fulfilled in the treatment.

In cases of partial collapse, when the patients were suffering from severe spasms, he had found *Hann's Antispasmodic* mixture an excellent remedy. It is prepared by dissolving one ounce each of the oils of cajeput, cloves, peppermint, and anise, in four ounces of alcohol. He had given this preparation in cases of violent spasms, in doses of from one to two table-spoonfuls, in hot brandy and water, sweetened, every ten minutes, with great advantage, and considered it peculiarly applicable to such cases, but found that it did not succeed so well where there was great irritability of the stomach.

The *Hot Blankets*, notwithstanding the foolish notions of some who regard their use as barbarous and improper, had been employed frequently with the most decided beneficial effect. In one case the patient was supposed to be dead—he used the blankets wrung out of scalding water, she recovered, and he got the credit of restoring one from the dead!

Camphor was used beneficially in many cases. Dr. M. had succeeded in restoring patients who were pulseless, by the use of camphor water, prepared by adding one drachm of camphorated spirits to half a pint of cold water. This was given in doses of a tea-spoonful every three or four minutes. The external applications were always well attended to during the time of administering the camphor.

Dr. King stated that he had used the following preparation very extensively in the treatment of Cholera in the early stage. It had also been prescribed frequently by other Eclectic practitioners with advantage in Cholera and Dysentery.

R,	Ox Gall,	3j.
	Capsicum,	
	Gm. Guaiac.,	aa, ʒiv.
	Leptandrin,	3iv.

This was given in doses of one grain and repeated two or three times a day. He had also succeeded in many cases with a mixture composed as follows:

R,	Sulphur sub.	gr. iv.
	Gm. Guaiac.,	gr. ij.
	Charcoal,	gr. ij.
	Camphor,	gr. j.
	Opium,	gr. ss.

Dose, one to ten grains, repeated every ten minutes until relief is obtained. In some cases, however, this compound did not appear to exert any beneficial influence.

He had used the spirit vapor bath in two cases: free perspiration was produced and the patients experienced a great desire to

deep. Brandy and aromatics were administered, and the patients both recovered.

In cases of excessive irritability of the stomach, oatmeal cake coffee was given for the purpose of allaying, and it answered the purpose admirably.

The saturated tr. prickly ash berries combined with tr. opium was used in some cases as an injection, with very good effect.

R, Saturated Tr. Xanthox. Frax. Bac. ,℥ss.
 Water, 3j.
 Tr. Opium, gtt. xx.

Used as an injection after every alvine discharge. Sinapiams over the bowels and spine as well as bottles of hot water, hot bricks, etc., were used with benefit. The preparation, made by adding one tea-spoonful of fine black pepper, one tea-spoonful of fine table salt, and five tea-spoonfuls of vinegar to a tumbler half full of hot water, was used in the case of a young lady who was menstruating at the time, and who was rapidly approaching the stage of collapse. The injection above referred to was also used, and she recovered. This was also found beneficial in those cases, attended with stupor from the commencement of the disease, and in which cases he had always found opium inadmissible.

He had also found Hunn's Colic Drops of almost universal benefit in the spasms, pain, etc. In the incipient stage of the disease, in a number of patients, a mixture composed of elixir vitriol, one ounce, tinct. xanthox. bacc. two ounces, ess. lemon, one drachm, in doses of a tea-spoonful in a gill of sweetened cold water, and repeated every two or three hours, removed the symptoms speedily, without any other treatment. In the more advanced stages he would not rely on it.

Dr. R. S. Newton observed that as to the general application of remedies, there was but little difference in his practice from other Eclectics, but he might hold different views as to the cause of the disease. He did not doubt but that there was present a redundancy of acid; but thought this to be rather an effect than the cause of the disease; he believed that the cause acted primarily on the nervous system, that its influence passed through the circulation, causing a weakened action of the parts, relaxation and consequent escape of the serum. He had observed symptoms in cholera patients similar to those exhibited in diseases where the remote cause acted on the brain or nerves, the same drowsiness, numbness and soreness throughout the system. The symptoms were allied to those produced by opium or some other narcotic stimulant; the patients were very generally careless about death and had little or no apprehension of dying. Such mental derangement as this was not produced by a cause acting directly on the alimentary canal. Narcotic stimulants should therefore

be avoided in the treatment, they had a direct tendency to increase the difficulty; hence the fatality of the opium practice in cholera.

Dr. N. tested the treatment of Dr. Hawthorne to the full extent at the commencement of the epidemic. He gave one man 10 grains of opium, 3 pints of brandy, and Dr. Hawthorne's stimulating mixture. The external applications recommended were also used as well as some other powerful stimulants and astringents, but the man died. This patient had had rice-water discharges four hours before he was prescribed for. He succeeded in getting up reaction at one time, but the opium produced a narcotic influence subsequently, and he could neither keep up the circulation nor the perspiration. Dr. N. adopted about the same course in the treatment of another case, and he recovered.

He had, also, used a preparation composed of equal parts, — tannin, capsicum, camphor, and kino, with considerable success; to be given in doses of four grains, and repeated at short intervals until the discharges were checked.*

He considered the saturated tincture of prickly ash berries (*Tr. Xanthox. Frax. Bacc.*) the most valuable of all the remedies for cholera which he had tested. When the stomach would not retain it, he gave it as an injection. It had a peculiar influence on the system, and having taken the remedy he could speak from experience of its effects. When given as an injection the effect produced was almost instantaneous; the sensation was as if he had received an electric shock; its use was very soon followed by copious perspiration. He had more confidence in this than any other one remedy with which he was acquainted.

Dr. N. further stated that he had treated one man who died without vomiting or purging. The patient was working on a boat; in the afternoon he felt a little sick; at 4 o'clock he had two operations, no pain, the discharges were of a natural appearance; in the night he was feverish and restless; at 4 o'clock in the morning he experienced a little nausea; at 9 o'clock he was in a collapsed condition, pulseless, eyes sunken, and he appeared to be as much wasted as if he had had copious discharges from his bowels. He tried in vain to raise his pulse or produce perspiration, and the patient died that night at 9 o'clock.

Dr. Wright remarked that he had been more successful in the treatment of cholera towards the close of the epidemic than previously. He was not aware, when he commenced treating the disease, of the importance of removing morbid accumulations from the stomach. He afterwards used emetics more frequently

* The compound pills of camphor, (see Eclectic Dispensatory, p. 524.) have recently proved very beneficial in cholera, more especially in the first stage; to be given in combination with the compound mixture of camphor, if nausea or vomiting be present. They will also be found very useful in the diarrhoea of cholera.

and with great success. He also used the Neutralizing Extract, saturated Tr. Xanthox. Frax. Bac., and the compound tr. guaiac. He succeeded best with a mixture of equal parts tinct. prickly ash berries and Neutralizing Extract. He had always found it necessary to attend strictly to the surface. The best external application he found was equal parts of capsicum, salt and mustard. In the spasmodic stage he used Thompson's third preparation of lobelia with advantage. He used injections of neutralizing cordial, tinct. opium, and tinct. prickly ash berries. He was fully convinced of the necessity of getting up a copious perspiration. In typhoid cases he pursued an entirely different course. In these cases he first gave stimulants, and failed. He afterwards used mucilage of gum arabic, ice and ice water; he applied externally cloths dipped in ice water, and with these applications succeeded in bringing about reaction, after failing with ordinary hot applications. Dr. W. also remarked that many cholera cases presented symptoms similar to those described in Wood's Practice, as belonging to pernicious fever.

Dr. S. P. Chase stated that the general outlines of the treatment he had pursued resembled that of other Eclectic practitioners. In the early periods of the disease he had used the Leptandrin, combined with Neutralizing Extract very successfully. He thinks opium can be dispensed with in the treatment of cholera altogether. He employed Leptandrin very generally in mild cases—he gave two to three grains dissolved in camphorated spirits of alcohol, and then triturated with sugar, and repeated once in six hours.

Dr. S. G. Hunt, stated that his experience was in the main the same as that of those who had preceded him, especially was he impressed with the importance of emetics in all cases where there was any evidence of morbid accumulations in the stomach or bowels, and the patients not too much prostrated to forbid their use. He had commenced their administration in the treatment of cholera upon its first appearance, and continued to employ them until its subsidence, and always with the happiest effect. A good thorough emetic seemed to change the whole features of the case, removing all the unfavorable symptoms, and placing the patient in a state of rapid convalescence; he used the emetic spoken of by Dr. Morrow, composed of acetic emetic 3 parts, tr. aralia, or tr. xanthox., 1 part. He was accustomed in the commencement of its administration to immerse the feet in water as hot as the patient could possibly bear, the temperature being maintained by the constant addition of more hot water. With this and the use of bottles filled with boiling water, and sinapisms, he succeeded in allaying the irritability of the stomach, removing the cramps, checking the discharges, and producing free, healthy perspiration, which was afterwards maintained for 8 or 10 hours by using alternately a

warm tea of neutralizing mixture and guaiac. compound about every 20 minutes, or tr. xanthoxylon, sudorific tr., Hunn's preparation, or tr. camphor, as he thought most applicable. Afterwards he directed the patient to be washed off with hot salt and water or weak ley and spirits, the wet clothing to be removed, the patient to be kept warm and comfortable, and the use of diuretics and mild tonics. He had found the use of tonics an important part of the treatment; their use frequently preventing relapse. He had found much benefit result from the use of tinct. camphor in allaying extreme irritability of* the stomach, removing nervous depression and promoting perspiration. When there was great irritability of stomach, no evidence of morbid accumulation and a sense of sinking or weight and oppression about the heart, he used with advantage compound spirits of lavender, tincture camphor *aa* one ounce, Hoffman's Anodyne half an ounce; dose half to a tea-spoonful every 15 or 30 minutes in warm tea.

He would also commend to the attention of his professional brethren, the *Plantago major* (common water plantain), he obtained a small portion of the extract from Dr. L. E. Jones, and for the purpose of ascertaining as accurately as possible its properties, had used it alone, and seemingly with benefit. Did not know whether a more extended use would justify the same conclusion; but from its action in those cases where he had exhibited it, would judge it to be antiemetic, anodyne, and antispasmodic, and beneficial in checking diarrhoea. In extreme cases, he used hot blankets or ice bath, and has seen patients relieved by them when it seemed hoping against hope to suppose they might recover.

Dr. E. A. Lodge stated that his treatment of cholera closely corresponded with that of Professor Morrow. He would, however, give a brief account of some remedies, the efficacy of which he had tested. He had used the compound tinct. guaiac., the neutralizing extract, and the saturated tinct. of prickly ash berries (*Tr. Xanth. Frax. Bac.*), in several cases separately; but afterwards prescribed a mixture composed of equal parts of each of these articles. This compound he used in doses of from a tea-spoonful to a table-spoonful, repeated every quarter or half hour. In some instances, small portions of Sudorific Tincture and Compound Syrup of Hæmatoxyton were added with advantage. These articles, given alone or in combination, were generally efficient to check an ordinary diarrhoea. In cases of dysenteric diarrhoea, he had used Leptandrin, combined with the neutralizing extract, 6 grains of Leptandrin, ground up, with one drachm of

* In cases of irritable stomach during the early state of the disease the compound mixture of camphor (see Eclectic Dispensatory, p. 510) has been found lately, of much greater efficacy, and adapted to more cases than any other preparation.

leaf-sugar, and added to four ounces of the extract, had been sufficient to relieve a majority of cases.

He had used the emetic referred to by Dr. Morrow, very frequently. Many cases were relieved in an hour or two, by an emetic followed by some stimulant to keep up the perspiration produced by emesis, which it is believed might not have terminated favorably, had the emetic been omitted.

Dr. L. made use of an aromatic plaster, composed of the ingredients of the Compound Tinct. Guaiac., to relieve the irritability of the stomach. This would very frequently succeed—when it did not, the emetic was given, the operation of which seldom, if ever, failed to check all nausea and sickness of stomach.

Dr. L. had used camphor quite extensively in the treatment of cholera, and was inclined to regard it, when given in minute doses, as one of the most valuable diffusive stimulants in the materia medica. He used the saturated tincture usually in doses of about one drop a minute until free perspiration was produced. It was given dropped upon sugar, or mixed in plain or sweetened water. Having heard of the success attending the use of camphor in the hands of Homœopaths, he was induced to test its virtues, and to exhibit it alone in cases where no other medicine had been taken by the patients. He administered it in the dose mentioned, to Mrs. G., who had been troubled with looseness of the bowels for about 24 hours before taking the camphor. She complained of nausea, great distress at her stomach, slight twitching of the muscles, etc. The discharges were large, watery, and very frequent. In one hour after taking the camphor, she was in a profuse perspiration, and felt perfectly easy. She had no discharge from her bowels for three days after, when she took a purgative. In another day she was out to meeting, perfectly well.

The camphor treatment was used also in the case of Miss S. She had been very unhealthy for some time before the attack of cholera under which she was laboring, when Dr. L. was called in to see her. She had diarrhoea, nausea, slight cramps, and was much prostrated. The camphor relieved her in one night; the next day she took the neutralizing mixture, and the third day was well. She has enjoyed better health since, than she had before for some years. He had used the camphor in some eight cases of mild cholera, with the same good results following its administration. He also administered camphor in connection with ice and ice water, in some collapsed cases, which resulted favorably.

He had used the compound referred to by his friend, Dr. King, composed of sulphur, guaiac., charcoal, camphor and opium, in several cases, but did not succeed as well with it as with camphor alone, and did not believe it was to be depended upon as much.

Where his patients were suffering from violent spasms, he used

injections of an infusion of common tobacco with benefit. He would sooner, however, rely upon Hunn's preparation as an anti-spasmodic, given by the mouth, in large doses, and also as an injection. The first case of cholera that he treated was that of an old woman, æt. 75, who was troubled with the most severe spasms of the arms, hands and lower extremities. She was relieved by large sinapisms, prepared by sprinkling lobelia seed, pulverized, over the mustard. She was not nauseated at any time during the progress of the disease.

Dr. J. Milot stated along with the various remedies that have been spoken of by Dr. Morrow and others, he had used to a very good advantage, dry cups placed along the spine, where there was a great deal of internal congestion, as well as a great determination of blood to the head.

Dr. J. R. Buchanan had relied upon the Tincture of Xanthoxylon and Compound Tincture Guaiacum in equal parts, with a small portion of the sudorific tincture, and tincture of kino. He was pleased to observe so great a coincidence of sentiments among Eclectic practitioners, in regard to the treatment of the disease. He wished to call the attention of the members to the question, as to what extent evacuations should be attempted. The liver was commonly supposed to be involved, and old-school physicians were in the habit of giving large doses of calomel to their patients, and when they had brought away dark or bilious evacuations, thought that they had accomplished an important part of the treatment. Yet the subject had been discussed in the society, and not a word had yet been said about evacuation by any one of the class of physicians who had been most successful in the treatment of the disease. This proved that the notion of evacuations was a tremendous humbug. Dr. B. thought, however, that the old doctrine was not entirely destitute of truth, that there might be necessity for purgation in some cases. He believed that some of our practitioners were in the habit of giving an efficient cholagogue after reaction had been produced; others did not deem it important. He would consider a mild cholagogue, such as Leptandrin, desirable in a majority of cases, after efficient reaction was obtained. The kidneys were often more involved than the liver, and he believed that much of the efficacy of the alkaline treatment of cholera depended upon the diuretic properties of the alkalies employed. He thought that the cholera remedies used should combine stimulant, diaphoretic, diuretic, and cholagogue properties. These could be found in a great variety of remedies which might be successfully used. The neutralizing mixture used so abundantly, was gently laxative. In a large number of slight attacks, a mild aperient, or even a mild cathartic, might remove the disease, but where a decided cholera epidemic existed, the most powerful stimulants would be required. There were several valuable remedies which had not been mentioned this evening.

Turpentine was important in cholera as an internal as well as an external remedy; it was valuable in bowel complaints generally. He regretted that its value had not been more thoroughly tested. The simple prescription, pepper, salt and vinegar, had been fairly tested, and might be regarded as an efficient, prompt and excellent remedy. It is an agreeable medicine to the patient; it is similar to his every-day diet, and its use appears to restore the stomach and bowels to a natural action; it checks the nausea and vomiting, as well as the purging, most effectually.

Dr. B. referred to the fact that cold applications appeared to succeed better than warm in many cases; he thought we should have some distinct idea or principle to regulate their use. In cases where the patients sunk rapidly under use of warm applications, cold was applied, and they revived. Stimulants and external heat were used in the case of our deceased friend, Dr. Parker, without any benefit; they did not appear to rouse him, but cold applications did. Dr. P. had lived very temperately, indeed too abstemiously, and it appeared that his system had obtained such a tone, it would not bear stimulants. Stimulants to excess became sedatives to the feeble and debilitated, and he supposed that patients destitute of any considerable amount of vital power, would be injured by ordinary stimulants in large doses, and benefited by cold applications. The use of chloroform had been recommended in cholera, and he wished to know what experience the members had had in its use.

Dr. Newton further remarked that he would consider the ordinary reliance upon cathartics in cholera, truly a humbug. After reaction he might use a slight laxative, as neutralizing cordial and antibilious physic; when reaction had been established, he would not fear a cathartic. He had treated one case where the disease had been reproduced four times, and was not fully relieved until after the use of a cathartic. The cases requiring laxatives he should suppose were rare, as he had given them in but three cases.

Dr. Morrow stated that in the early part of the epidemic he did not give any cathartic worth speaking of. In the last ten cases of cholera he treated, he gave evacuants, and they operated well. As far, however, as his experience had gone, he was convinced of the necessity of using them to any extent. Since the subsidence of the epidemic, he had used very large doses of active cathartics in dysentery, etc., with signal advantage. He had met with some cases that would not bear stimulation, they were persons of weak constitution, who had lived poorly. Where there had been much irritability of the stomach, he found the use of ice water, in small quantities, advantageous.

Dr. S. H. Chase mentioned that he had met with cases of cholera in persons who were suffering from mercurial salivation, the

statements of certain medical men that salivation was a preventive, notwithstanding.

Dr. Newton informed the meeting that he had used chloroform in one case which terminated fatally, and in three which survived. He could not rely upon it or recommend it; it never arrested the discharges, but acted as a gentle stimulus, increasing the circulation.

Dr. T. J. Wright used the chloroform in the case of a boy, the only surviving member of a large family who died of cholera. The boy was thought to be dead, he was cold and pulseless. After inhaling the chloroform a short time, and taking a tea-spoonful, he had several muscular contractions, his eyes rolled, the pupils dilated; he became maniacal, and was sent to the hospital, where he remained some time. He is now going about nearly well.

ERROR IN DIAGNOSIS OF TWO OF OUR OLD-SCHOOL PHYSICIANS OF THIS CITY.

Not long since a gentleman called upon us to visit his wife, whom he represented as having a cancer of the breast. Upon calling, we discovered the lady to be young, six or seven months pregnant with her first child, with one breast quite red and very much swollen. Upon completing our examination we assured her that she had no cancer. She now gave us the history of the case, stating "that about, or a little over, two months since her breast commenced swelling, feeling sore and giving her pain—that she called in a physician (Old-school) who applied the liniment which caused the skin to crack as it now appears, and that in a few weeks after he had three other physicians called in, for consultation. They assured me that my case was one of cancer, and that the only remedy was the knife; one of them, at the time, drawing a circle with his finger [and according to her delineation of it, it was a large one] to show me how much would have to be taken off. They added, that it would give me no pain, inasmuch as they would give me chloroform, and finally, that I must submit to the operation before I should have my child."

We took charge of the case, and to abridge an otherwise long story, we will simply add, that we did not only cure it, but that she suckled her child with it, when born.

Now it is proper that we should seriously contemplate this case.

To a healthy young woman what is the value of a breast? Some of those medical gentlemen we know live in fine houses—are in very independent circumstances. Now, quere? would the united wealth of all three be any thing like an adequate compensation? But suppose she had died in consequence of the operation, could fifty such fortunes as theirs have compensated her husband and society.

We have another question which we would like to have answered, though of no moment, it would be interesting. Did those sons of Esculapius believe that her case was one of cancer, or did they expect that she would seek no other aid, submit to the operation, and allow them to stand accredited by the world with having cured a cancer—of having performed an important surgical operation? Gentlemen, which horn of the dilemma do you prefer? No one will envy you, take which you please.

THE EFFECT OF THE CHOLERA ATMOSPHERE ON ANIMALS.—Evidence has been produced in the French Academy, to show that during the prevalence of cholera in France, horses were observed to be affected with the disease in a like manner with men, and that often, in the case of other epidemics, a common liability of men and horses had been noticed.

This subject has frequently been referred to in our own country, yet we find but little data from which to form a correct opinion. Having passed through two visitations of this dreadful scourge as an epidemic, we have had a good opportunity to notice some of the peculiar effects produced by the cholera atmosphere. In this city, during its greatest malignancy and fatality, almost every member of this community was more or less affected. In 1849, from the first of May to the first September, there were 6450 deaths—4114 were of cholera and 2345 from other diseases. The greatest mortality for a single day was the 15th of July, which was 154 deaths; this day was the most gloomy in every sense of the word we ever witnessed: the weather was not unusually warm, but there was a degree of oppression and apparently a difficulty of breathing, so much so, that there was a disposition to sink into a state of gloom and despondency. At this time we were just recovering from a severe attack of the epidemic; not being able to leave our dwelling, it gave us an opportunity of observing the effect upon the common house fly

During this day almost every one in our house died; they moved or flew about with but little action during the the fore part of the day; but after one o'clock their motions became less active and finally all died. Whether this mortality of the fly was a general thing throughout the city we are not able to say; some other persons made the same observation; but the excitement that pervaded this community on that day was so great that but few thought or cared for a matter of so apparently little import. N.

AN EXISTING INCOMPATIBILITY BETWEEN YOUNG SURGEONS AND PUBLIC HOSPITALS.—Public Hospitals are founded for the public good, and the public good is that of each individual; and consequently it is exceedingly inconsistent to employ an individual to serve the individuals of a community, in a collective capacity, whom the same individuals would not employ in their individual, and yet this is precisely the case, as a general fact, in all our hospitals.

We intend no reflections upon our young hospital surgeons—they may be talented, prudent and well instructed—that is, they may have thoroughly learned their profession, but they cannot *know* it without both age and opportunity. Their position is one of delicate and high responsibility; one that intrusts them in a wholesale manner, with the lives of individuals, who as individuals did not select them, and most probably would not have done it for their own service.

It is as honest a conviction in the minds of all men, ignorant and instructed, savage and civilized, that age provides opportunities, matures the judgment, and acquires knowledge or experience, consequently, *ceteris paribus*, a matured man is better qualified as a physician or a surgeon, as he would be as a judge or legislator, than a young man possibly can be.

Now we put the question to the public mind, is it proper or under any consideration justifiable to place a young man in a position in which he knows that his capacity, on the score of experience, will be doubted by those who must become subject to his trust; and which *doubt* must exert an extensive influence against his success; an influence, which in cases in equilibrium between recovery and death, will determine to the latter.

Is it proper, or just, or generous, that those who are fated to become applicants for hospital services, and who constitute integral elements of the body politic, should have forced upon

their necessity one whom no man would prefer, for the reasons before stated?

It is a lamentable matter for a man to have his life trifled with even by one of his own selection; a selection which he might make either through necessity or ignorance; but with the public there is no necessity, and we will not insult those in authority, to whom all the sources to information are open, that ignorance had the least agency in their selections in such cases.

We can regard the matter in no other light than as a great outrage; one that savors of inhumanity to intrust so large a proportion of the public health in hands which are not only unknown to fame, but even to a common neighborhood success.

We hazard the opinion, without any fear of contradiction, that those in office who have done it, hitherto and for the present, not one of them as individuals would call into his own family, the individual with whom so much life and usefulness are intrusted.

We have been induced to make these remarks in consideration of a fact or a custom which prevails throughout the West and South West, and possibly throughout the United States; it is that of selecting two young men from the graduates of our colleges and placing them in the medical and surgical wards of the hospital for one year.

To look at this practice as it presents its face to us, the inference must be (it is unavoidable) that the benefit of the young graduates and not that of the unfortunate sick, is the motive for the practice; or in other words, that those whose misfortunes compel them to seek hospital assistance, are only fit for the experimentation of the young graduates, consequently, if they shall only profit by their errors, no matter how many lives may be lost, the object sought has been gained.

And as these graduates can continue but for one year, the presumption would appear to be that they will have done mischief enough to avoid doing more, when they shall go forth to seek the confidence of society.

We have not so had an opinion of the motives of our race, as to suppose that we have really represented those which have governed in the premises; but still the facts logically sustain the conclusions we have drawn.

We trust that we have said enough to set the public to thinking upon the subject, confidently believing that when it shall

have thought, it will pronounce a judgment of condemnation upon the practice.

OUR PROSPECTS.—Every indication for the future success of the Institute is flattering, our free-school movement has been the subject of comment by the public press throughout the land, and universally commended. We know that the next winter session will be large. The friends of Eclecticism have responded nobly to the call in behalf of our cause. The facility offered has induced many young men of superior talent to engage in the study of medicine. So far as we are able to learn, we believe that the cause of Eclecticism is now taking a deeper hold upon the minds of the people throughout the country; our practice and our institution are being more duly appreciated—all of which, so far as I am able to learn, are in a prosperous condition, and we hope will be liberally patronized the coming session. N.

TARTAR EMETIC.—This is one of the most deadly poisons used in medicine. This is admitted by all schools of medicine, and when it is known to all that so many thousands of human beings have been killed from its use, even under the most careful administration and attention, we cannot understand why any man in the profession will continue to use it. It caused the death of one of the most lovely children in this city a short time since. It was given in small doses and continued too long. At last it produced its characteristic effect, and the child died before its parents supposed it to be dangerously ill.

We saw another child a few days since, in a state of perfect insensibility and prostration, from the administration of half a tea-spoonful of *Cox's Hive Syrup*. This is a very common remedy. It has killed hundreds, and should never be used, for it contains a large quantity of this most deadly poison.

It will be seen, by referring to the article on page 310, that Dr. Boling is now condemning this drug, and the same is endorsed by the editor of the *American Journal of Medical Science*. We will venture the opinion that tartar emetic will be stricken from the *Materia Medica* of the Old School, as it always has been of the Eclectic, in less than two years. N.

MILD MEDICANTS.—Our readers will see quite a similarity between the "Compound Fluid Extract of Senna and Dandelion," on page 314, and Dr. W. Beach's "Antibilious Physic," called, in the *Eclectic Dispensatory*, the "Compound Senna Powder." N.

We find the following in the "Herald of Reform," edited and published by W. H. Hathaway, at Utica, N. Y.

The spirit of this is correct. We see no reason why there should be any disagreement among Eclectics; but upon the other hand we should willingly lay aside all prejudices and jealousies; and work as one man in the cause of Reform. As long as men are differently constituted, so long we will hold different views, but all can and should be consolidated upon this point.

"UNION IS STRENGTH."—The necessity of unity amongst Eclectics is imperative. As this theory is in its infancy, it may be that in the investigations yet to be made, great and startling positions may be adduced, which from their wide dissimilarity to any received opinions of the present day, will have the effect to create confusion, and perhaps disunion, in the ranks of Eclectics, unless each member with a spirit of charity and candor, examines whatever is advanced by their brother reformers, instead of blindly yielding to prejudice, and refusing to follow any but preconceived opinions. As a means of promoting and perpetuating the prosperity of this body of Reformers, let each one put his shoulder to the wheel, and by constant efforts, endeavor to investigate and explore the wide fields of science laid open before them, and in this manner continual additions may be made to the common stock, of such information, as they may from time to time be enabled to gather. The advantages which some possess over others, for the successful accomplishment of this object, is very superior; still it is not an unfrequent occurrence, for men in humble stations, or with talents not above mediocrity, and surrounded by many unfavorable circumstances, to hit upon some important and valuable truth or principle, which will prove a blessing to mankind, and which will eventually receive the support of men of science. "The race is not always to the swift, nor the battle to the strong," yet we must necessarily expect, that the most important discoveries in science will be the result of the researches of men of scientific attainments, who can readily bring to their aid, scientific works in other languages, and who possess every other requisite advantage.

The weight of investigation, which must invariably rest upon such men, does not in any wise cancel the obligations of those less favorably situated to do all they can, and not like the unwise steward, bury their talent in the ground, because they have but one.

Eclecticisim is progressive in its very nature. Its origin is mainly to be attributed to that spirit of progress and inquiry, which is inherent in every mind in a greater or less degree, and which, acting within the minds of men, directed them forward step by step, until they arrived at certain conclusions, from which a theory, consistent with the teachings of reason and humanity, has been established. By harmony of feeling and purpose, and unity of action on the part of the supporters of this theory of medical practice, it will soon arrive to a height of prosperity and influence, unsurpassed by any other system whatever. Let this unity and harmony be cultivated by all who bear the name of Eclectics, and, when differences of opinion arise,—as differences

cannot always be avoided,—let a friendly reconciliation be speedily effected, and may all ever remember that “in union is strength.”

INTERESTING HISTORICAL WORK.

We have on our table a handsomely bound volume, entitled “History of the Settlement and Indian Wars of Tazewell County Virginia, by GEO. W. L. BICKLEY, M.D.” We have glanced through its pages, and find it to be a concise history of this most important section of South-western Virginia, with a statement of its geographical features and internal resources. Although local in its character, it will be found a work of much interest and value every where; and an important addition to the literature of the country, which should be generally circulated. We trust the time is speedily coming when our literary men will write and the public will read the detailed history of those stirring events which attended the early settlement of the various sections of this country, in place of those trashy works of fiction which are so profusely spawned forth from the press because they *pay*, to the exclusion of every thing valuable. It is a fact which speaks not well for the literary enterprise of Virginia, that although she is the boasted mother of States, less is known of her history, internal features and resources, than of almost any other section of the Union. Even her own citizens are in a great measure ignorant of the details of her history. Foolishly supposing they have inherited the glory of their ancestors, the famed “F. F.s” of this great and beautiful State, they sit quietly in the midst of a fog, while close to them, at the North, the East, and the West, the mighty improvements which distinguish the age are thundering on. But Virginia is waking up, like Rip Van Winkle, from her long repose. Railroads and other improvements are *talked of*, and are likely soon to be constructed. Literature has also received an impetus in south-western Virginia, and through the exertions of the author of the work in notice, assisted by kindred spirits, a Historical Society has recently been established in Tazewell county, of which this history is the promising offspring. Dr. BICKLEY undertook the work at the earnest request of the Society; he is a finished scholar, thoroughly imbued with progressive ideas, and his tastes, observations and studies have well qualified him for the task. He has undertaken to preserve the interesting records of the past, and given to his fellow-citizens facts in relation to the history and resources of south-western

Virginia, which must prove of inestimable value to them and to the whole country. The work is written in a simple, pointed, attractive style, interesting alike to the general reader, and to the seeker after historical truths. The author purposes to follow this work with a complete history of the whole south-western portion of his State. The book is published by MORGAN & Co., of this city, and for sale by TRUMAN & SPOFFORD, 111, Main st. N.

THE PRINCIPLES AND ILLUSTRATIONS OF MORBID ANATOMY. Just published by J. F. Desilver, Cincinnati, O.

This is one of the most valuable works issued from the American Press. It is a "Western Book," emphatically a Cincinnati Book; the Lithographed Illustrations, one hundred and fifty in number, are all drawn from nature, and they are so well painted, that the most critical observer who is acquainted with the morbid changes they represent, can find no imperfection in them.

Mr. Desilver merits the gratitude and liberal patronage from the medical profession for bringing out this work, which required so large an outlay of money. N.

A COMPLETE TREATISE ON MIDWIFERY, OR THE THEORY AND PRACTICE OF TOKOLOGY; INCLUDING THE DISEASES OF PREGNANCY, LABOR, AND THE PUERPERAL STATE, BY ALF. A. L. M. VELPEAU, M. D., Translated from the French by Chas. D. Meigs, M. D.—fourth American with the additions from the last French Edition, by Wm. Byrd Page, M. D., with numerous Illustrations; Philadelphia, Lindsay and Blakiston publishers, 1852; 8vo. pp. 652. (from the publishers.) For sale by H. W. Derby, Cincinnati.

The well known and deserved reputation of the various writings of Velpeau, the celebrated author of this work, renders it scarcely necessary for us to notice it further than to announce the recent publication of a new edition with additions, etc. From the position, experience, in a word, the fitness of the author for the execution of his task, the work is, as we might expect, among the very best expositions of the present state of Obstetrical Science. In this age of progress and research, each day is marked by new wants, and we are pleased to see Elementary works on Medicine, though like this excellent in its original classification, clear and explicit, often revised and improved. Velpeau, conscious of this, has brought this edition in most particulars nearer up with the times than any other work with which we are acquainted. The lengthy chapters upon Auscultation, the use of Ergot and other means of assistance which the woman may require in natural labor deserve more than a passing notice. The American Editor has done his task with credit, and the enterprising publishers have also acted well their part, and in thus presenting to the American profession this edition have placed us all under lasting obligations. N.

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PART I.—ORIGINAL COMMUNICATIONS.

MEDICAL BOTANY—ITS UTILITY AND CHARACTER.

BY G. W. L. BICKLEY, M. D.

SCIENCE is the offspring of Order. Where the latter is wanting, the former cannot exist; and as order seems painted in living letters upon all creation, we may rest assured that we shall most easily unravel those "hidden mysteries" which have, thus far, baffled all attempts at explanation. Nothing relieves the mind in its researches after truth, more than system, arrangement, and conciseness. Habit has some influence upon the judgment in forming an estimate of what is truly systematic: therefore, in endeavoring to elucidate a particular science, it seems desirable to use, as far as possible, that phraseology, which most nearly accords to its collateral subjects. For this reason I consider the Linnæan specific names altogether inapplicable to medical botany. Medical botany, as such, does not usually engage the attention of the student, before he is occupied with studies too important to admit of a waste of time in the mere acquisition of words, unsuited to the practical part of his profession, and, hence, useless in any other application. To this circumstance may be attributed the small degree of interest manifested by medical students in acquiring a knowledge of a science as closely connected with the healing art as physiology.

For that class of botanists who pursue the study only to observe the beauty of the vegetable world, the Linnæan system is, perhaps, the best that has been yet devised. But for the medical

student, who must examine and cull from Nature's bouquet the remedial agents with which to combat disease, the improved system of De Candolle is decidedly preferable. Yet, even this, after passing through the master hands of Torrey, Gray, and others, is very imperfect and unsuited to the purpose of which I have made mention. Taking into consideration, however, the recent development of botany as a science, before which it was shrouded in the chaos of confusion, we should not expect its terminology, nor the order of its arrangement to be so perfect as that of anatomy or physiology; because the years of labor have not yet been bestowed upon it, which was necessary to the perfection(?) of anatomical and physiological science.

A revolution is rapidly unfolding itself in the dominion of the healing art. This Art, great because humane, is but the centralization of a number of *sciences*, which must likewise undergo the revolution of light, which is now rising upon the medical horizon. As American character develops itself in a peculiar manner, no other than the embodiment of all the liberalism of the past, so it demands *art* and *science* to progress with all the energy exhibited by itself. It matters little in what department we look for this spirit, we shall find its abundant development. Young as our country is, more has been already done by its professional and scientific men towards the perfection of their several departments than has been accomplished by all the world beside in the same time. The very nature of our institutions is such as would call out the highest energies of a people whose intellects are untrammelled by schools and sects. In this country, then, which was but a few years ago the wild home of still wilder men, we are to look for the evolvment of those great truths which now lie, hidden under the contracted policy of those who have inherited their ideas, as well as their names, from European parents. But I will not stop to discuss, in the present article, the points to which I have alluded, for the important subjects heading this chapter will occupy more space than I have allowed myself.

I have alluded to the terminology of medical botany; that it is imperfect and very complicated none will deny. This is fully apparent from the following specific character of *Cephaelis Ipecacuanha*, as given by the latest work upon Medical Botany, (Griffith's): "*Stem*, ascending, at last erect, somewhat pubescent

towards the top. *Leaves*, oblong ovate, rough above, finely pubescent beneath. *Stipules*, divided into setaceous segments. *Heads*, terminal, erect, at length pendulous. *Bracts*, four, somewhat cordate." To him who has already acquired a knowledge of botanical phraseology, this is plain enough; but can the same be said as regards the student who has, perhaps, never in all his life used the word "*cordate*?" To show that it is not positively necessary to retain this barbarous terminology, I will describe the same plant, and after the same system, only changing the language:—*Stem*, rising or upright and hairy; *Leaves*, oblong, egg-shaped, and hairy on the underside; *Leaflets* (small leaves), divided into bristled segments; *Flowers*, on the top, which are upright at first, but droop as the plant matures; it has four heart-shaped floral leaves.

If the latter description is not more simple and at the same time as definite, then I must acknowledge the English language is inadequate to convey our ideas. It cannot be said that in my selection of a plant I have made choice of one in the description of which there occur more words purely botanic than in that of any other, rather is the contrary true.

Why it is thought preferable to use "*apterous*" for *wingless*, "*arcuate*" for *bent*, "*arundinaceous*" for *reedlike*, "*brumales*" for *winter-plant*, "*campanulate*" for *bell-shape*, "*corniculate*" for *hornlike*, "*papilionaceous*" for *butterfly-shaped*, "*monocotyledonous*" for *one-seed-lobed*, etc., I am unable to account. The English language, it seems to me, is sufficiently complicated without introducing other words less adapted to the acquirement of knowledge, because more difficult of comprehension and pronunciation, than those of our own language.

All must see that a text book of *medical* botany, so prepared as to avoid the use of foreign words, would greatly facilitate its study and render the necessary investigation far less irksome. Too much disposition to swell elementary works on botany into encyclopedias is manifested by those who are now laboring, or have labored, in that department of natural science.

When we reflect that medical botany is valuable only because it spreads out Nature's *Materia Medica*, and enables us to choose those remedies, which, by proper application or administration, are all-sufficient in restoring the system to a normal condition, there will be no difference of opinion that it should be rendered as systematic and simple as possible.

It is but reasonable to suppose that some great truths, in connection with this subject, remain undeveloped. The character of many plants is almost totally unknown or very imperfectly understood. Qualities as opposite as light and darkness are not unfrequently attributed to the same plant. Medical men in one country condemn a plant as highly poisonous, while another equally respectable class in another region are doubting the existence of any active principle in it whatever.

Then, it is plain that our knowledge of the medicinal properties of plants is far from being all we could wish; and as he will be the greatest donor to medical science who does most to develop the important relation between Vegetable Chemistry and human Pathology and Physiology, we should not regard as useless, any effort made to accomplish that object. That the diseased human system may be so influenced by the application of certain vegetable compounds, as to induce a normal action of its organs is abundantly proven by late researches. And farther, this action is more certainly induced by vegetables, with less deleterious results, finally, than by the application of mineral substances, insoluble, in many cases, by any chemical action which can take place in the human body. That, also, action as rapid and energetic as can be borne with impunity by the healthy organs, may be produced by vegetable as well as by mineral compounds, none will deny, who are capable of judging.

In no branch of medical science is the goodness and wisdom of the Almighty more apparent than in that of botany. For every disease there is a specific, and when we contend for the influence of climate upon the human constitution, we should not forget to notice this remarkable fact, that when the system is acclimated to a particular meteorological district, it likewise adapts itself to the vegetable and other remedies found in the specific section. For every disease of a given locality Nature furnishes from her vegetable storehouse a specific. Hence, to contend for the use of tropical plants as remedial agents in restoring the normal action of human organs in a northern latitude is not only unphilosophical, but portrays our ignorance of the provision of an allwise God.

This is well illustrated in the plant *Cephaelis Ipecacuanha*, a native of South America. All who have witnessed its action at home, or on those of its own latitude, are fully agreed that it is

much more satisfactory than in the northern latitudes of North America. Why this is so cannot now be answered; but the day is not distant when we shall have a satisfactory explanation. We have in this country a plant much resembling it, (American Ipecac., or Gillena) which is decidedly preferable, notwithstanding the opinion entertained to the contrary by many able chemists and therapeutics. It is true, that, as usually administered, it is somewhat objectionable; but this only proves that it has not yet been properly prepared for use. It is said that it sometimes acts harshly, and at others with too little energy; this is, however, easily accounted for, as it is an established law, *cæteris paribus*, that certain proper remedial agents produce certain effects. Administered to a dozen men laboring under different derangements of the system, we should have as many modifications of its proper action; and yet the above law would remain true to its proposition. Was such a law not known, the most scientific application of agencies to restore health would be little better than charlatanism.

The healing art is a science only so far as we can prescribe with certainty, and this cannot be done without an intimate knowledge of the natural history of our remedies, and of the human organism. If this is true, then too much attention cannot be paid to this branch of a medical education.

I would not contend that a knowledge of medical botany is the most important part of a medical education; but still I beg to observe, that the proper application of such an education depends upon a correct knowledge of medical botany; inasmuch as it is the elementary principle on which Therapeutics must be built. Too much exclusiveness has heretofore been exhibited in the several branches of medical science, especially that of chemistry. But when we remember that the omission of any branch of that science renders the whole incomplete, I trust I shall not be accused of the same spirit when I endeavor to urge the claims of botany as an essential part of such an education.

A system of botany, different from any heretofore taught, has been referred to; what that system shall be I am unwilling to say until more time has been allowed for the development of a system every way suited to the reformed schools in medicine. Such a movement cannot be tolerated in the old schools, because the very admission of its utility would stamp imperfection in the

works of those who have labored under the auspices of such schools.

This, however, I am willing to suggest, viz., a medical botany to be useful should be concise, simple, devoid of that botanical nomenclature to which we are now subjected, and at the same time so systematic that it shall be strictly scientific.

To teach such a system the living specimen should be placed before the student, because we should then assist his memory of its description, by bringing more of the external senses to bear upon it. He could *see* it, *smell* it, and *feel* it. And though he might not remember the name of the plant he would know its uses and history: nor am I persuaded that he would not in most cases remember its name to the end of life. A ramble of one day usually does more for him who is studying botany than several weeks' close application in the study.

It is not botany alone that requires simplifying in the manner alluded to; but the same remarks are applicable to Anatomy, Physiology, Chemistry, etc. I am fully persuaded that such a labor would be appreciated by the reform schools in medicine, as they alone are willing to remove the veil of mysticism which has so long covered the most interesting of human investigations.

The character of *medical botany* is as superior to *botany*, as the humane is to the beautiful. One may be a botanist without being a *medical botanist*; the latter embraces the pith and essence of the former. With all due deference for the opinions of the many scientific gentlemen who have treated this subject, we beg to say, little has yet been really beneficial to the medical student, and for this reason I would urge the position I have taken. There is a vast field here opened for the reformer, but who shall occupy it cannot be known till time shall be allowed for the diffusion of the proper spirit.

HINTS ON MEDICAL PHILOSOPHY.

BY J. W. HOYT, M. D., CINCINNATI.

CONTINUED FROM PAGE 213.

In my effort to show, in a former article, the error and inconsistency of tenaciously and blindly adhering to any one law in medicine to the exclusion of every other, whether superior, or inferior

and subordinate, I am aware that I assumed, as the foundation of those remarks, a proposition, as established, which a few of the strictest sectarists and narrowed partisans, who see in Hahnemann a divinity, and in his veriest dogmas the profoundest philosophy, will reject ; therefore, in the further prosecution of the subject, it shall be my aim, First, to demonstrate the existence of the laws "*contraria contrariis curantur*," and "*similia similibus curantur*," and to show that both have been, in some sense, recognized by a few of the most enlightened of the profession since the days of their discoverer, Hippocrates ; and that each has been unwillingly practice upon by the great mass of the unphilosophic and unobserving adherents of the other ; and

Secondly, to define their appropriate spheres, the perfection of their harmony, and the incompleteness of either alone.

1st. Do such laws as find their proper expression in the terms Antipathic, Allopathic, (Heteropathic), and Homœopathic, really exist, and may they severally be acted upon in the treatment of various forms of disease ?

To the more liberal and reflective a serious and demonstrated reply will appear a work of supererogation. To such it need only be said, as has been intimated above, that, there are men of pretended science, professedly extended views, and a deep insight into the hidden mysteries of nature, who severally declare most zealously for each of these laws as *complete* and *exclusive*.

¶ Now per necessity, some of these zealots are in error, as I hope to show of all, and to which I proceed at once, without any attempt at a learned disquisition on the nature of disease, which in other relations might be appropriate and important. Of course, the inductive is the only method of reasoning applicable in questions of disease and cure : therefore, to the facts :

The law of contraries, which first found the expression of its principle in the teachings of Hippocrates, is the chief guiding principle of the common practice, and is not only implied in that aphoristic injunction, "*tolle causam*," but also applies extensively. I will say universally, in the treatment of the morbid symptoms which result from that cause.

Thus, in case of a fracture, or laceration caused by some falling or projected body, the law "*contraria*" requires not only the removal of the cause, but also of every morbid symptom, the separation or mobility of the fractured ends, the hemorrhage, etc.,

and to accomplish these ends *no other law is applicable*; as will be observed in the necessity for splints to correct the mobility and ensure a state of *fixity*, and for ligatures to prevent the flow of blood from the divided arteries. Try Heteropathy, or the law of "*similia*," in these cases—in the one case, there can be no application of the first system at all, and in the second all efforts of derivation will be unavailing, while in either case an application of the Homœopathic laws amounts to the grossest absurdity—a repetition of the cause, and a consequent increase of the disaster being the legitimate result.

A sneer at this apparently confounding Homœopathy with Isopathy can avail nothing, for although theirs is properly a nice theoretical distinction, yet *practically* Homœopathsists themselves make none at all. Now be it remembered, this single illustration is not isolated by necessity, but is the representation of the entire class of purely surgical diseases.

And this use of the rule "*contraria*," indirectly opposing the remote cause, is even sanctioned by Hahnemann himself, who in his *Organon* very distinctly and graciously says, "That any intelligent physician will first remove this (the occasional cause), is evident to himself: then the disease usually ceases of itself." Again, the Central Congress (Homœopathist), says, "In all cases in which the remote cause continues to act, we, as well as the physicians of the Old School, regard as the *first indication* the making it to cease *by the ordinary remedies*, if that be possible for the art." So that, in most instances, when the cause can be detected and promptly removed, the consequent morbid symptoms will disappear of themselves, thus entirely superseding the necessity of a resort to any other law; and this is true of a large majority, if not *all accidental diseases*! And when, without any accident, but in the general development of disease, aneurism of some large artery threatens certain destruction, what surgeon is there, theories and party spirit to the contrary notwithstanding, who could hesitate a moment to appropriate the only available law "*contraria*," by tying up the artery?

In case of poisoning, we first attempt to effect the ejection from the stomach of the poisonous substance, and then proceed with the *antidotes*, as alkalis against mineral acids, hepar sulphuris against the metallic poisons, and coffee, camphor, etc., against opium—another extensive application of the principle "*contraria*."

Again, in cases of asphyxia, suffocation, freezing, etc., our first effort is to reanimate the feeling and irritability by antipathic measures, such as slight electric shocks, stimulating odors and applications, injections of strong coffee, warmth, frictions, etc. Here likewise we have another class of accidental diseases in which the law "*similia*" makes no proffer of aid whatever. The rule of contraries is, therefore, adopted in these cases by the Homœopaths, of whom, however, few have sufficient magnanimity to make the acknowledgment.

At the head of this meagre list of honorable exceptions stands Rau, of all writers on the principles of Homœopathy the most liberal and consistent, who in his fifty-ninth proposition makes the following generous concession: "The salutary effects of *antipathic remedies* in asphyxias ought to encourage us to administer them in *other analogous cases*, in preference to Homœopathic remedies, in order to provoke, at first, a reaction." And again, "The principle '*contraria contrariis*' is in fact *too natural* to be directly rejected."

In a like spirit of truthfulness and candor, Griesselich and Schroen, names especially familiar to the liberal branch of the medical profession, the best of homœopathic authority, say: "The antipathic method opposes to the morbid action in the diseased organ, an action *diametrically contrary*, and seeks thus to remove entirely the primitive affection: *this is a curative method founded in nature*."

Suppose a case of fever, attended with obstinate constipation, the secretory and excretory organs have lost their wonted vigor, and no longer properly perform their ordinary functions. What shall be done? There can be but one rational answer: First, remove any accumulation of effete matter, which by its presence would irritate the stomach and bowels, thereby inducing fever and inflammation, and deranging the entire system, and then adopt measures calculated to restore the deranged organs to their normal action. And the most efficient means for accomplishing these ends are those which physiologically produce opposite conditions, emetics, cathartics, diaphoretics, etc.

For a time, it was stoutly maintained by the stigmatizers of these systems (Antipathic and Heteropathic) that evacuants were not only altogether unnecessary but absolutely injurious; but a conviction of the error of this assumption is beginning to mani-

fest itself in the occasional use of these measures by their former opponents, and the forced acknowledgment that they may *sometimes* be resorted to with advantage. A majority of them, perhaps all, apply cold water to the head, and warm applications to the feet, in cases of violent determination of blood to the brain, and deem this an essential part of the treatment; and a very respectable class and proportion of its former adherents are leaving the old, narrow, restrictive system of Homœopathy, and calling to their aid water, in all its Antipathic and Heteropathic relations and applications. Indeed the most illiberal and proscriptive Homœopaths are constantly making draughts, consciously and unconsciously, on the law "*contraria*," and yet, not a few have the effrontery to turn about in the very act of theft, and with a sneer of contempt, and such arrogant insolence as is peculiar to hardened bigotry, declare with an oath, (swearing by the shades of Hahneman !) that "*similia similibus curantur*" is the *only law of cure* !

Really it would be well if such men could be compelled to occasionally face their consciences, and be induced to oftener stop in their voyage over the boundless ocean of science, and by the aid of the proper instruments, determine their precise whereabouts.

To specify the individual cases in which the law "*contraria*" applies were almost an endless task, requiring not only an enumeration of the extensive classes already noticed, but also, that long series of morbid conditions involving the use of the pure tonics and astringents; few or none of which are capable of producing debility or relaxation in the healthy subject, and can therefore, be said to act on the principle of homogeneity, of sedatives, anodynes, many of the nervines, narcotics, diuretics, refrigerants, etc., capable of antipathically and allopathically fulfilling a number of indications so large, that, at first thought, it would seem to be the only law in accordance with which diseases may be rationally treated.

A few remarks on Allopathy proper. This system, as its name implies, *allos*, another, and *pathos*, disease, proceeds upon the principle that an artificially created disease is often capable of controlling or so modifying another of a more serious nature, as to finally effect its arrest, and induce a restoration to health; and hence it has been very properly termed "*the method of cure by conversion*."

It consists in the employment of medicines which occasion phenomena neither similar, nor exactly opposite, but foreign to those of the disease, and has its model in nature. For instance, it has been observed that various internal diseases disappear on the appearance of cutaneous eruptions; and observing physicians have taken the hint, and in these diseases to which these various eruptions seem to bear a curative relation, established a similar artificial disease of the skin, by means of blisters, irritating ointments, etc. An analogous relation exists between diarrhoea and various internal diseases, which relation suggested the use of cathartics in these affections.

It is to this system of cures by conversion, that belongs that very general and useful branch of treatment designated by *revulsion, derivation, counter-irritation*, etc.; a principle of immense value in the treatment of a large number of acute diseases, and one which employs a very extensive list of medical agents; among which are emetics, purgatives, rubefacients, diffusible stimulants, cauterants, issues, and all agents of a similar character, sinapisms, frictions, irritating liniments, baths, hot and cold, etc., etc. An enumeration of the diseases in which these measures are applicable is deemed unnecessary, as they will readily suggest themselves to every experienced physician.

That the true *rationale* of this system is not known, so far as our present object is concerned, cannot affect the existence of known and universally acknowledged facts. For whenever certain results uniformly follow the use of certain medicinal measures, we may, as I have often said, rest assured that there is *law*; and the inability to discover and expose its essence—what it is—does not imply any want of ability to show what it is *not*.

Having thus seen that Antipathy and Allopathy are systems founded in nature, let us briefly direct our attention to that law which finds its expression in "*similia similibus curantur*," familiarly known as the Homœopathic (*omois, similar, pathos, disease.*)'

This therapeutic law is one of no little importance, and the general recognition of it should be hailed as a glorious era in the history of medicine; as one step further in the road to certainty, and, therefore, a further approximation toward a condition of true science.

The great groundwork or fundamental proposition of Homœopathy is, that all medicines succeed in curing disease by virtue of a

power in them to produce a similar disease in the healthy; a proposition which, after the substitution of *some* for *all*, should not fail to obtain universal endorsement. Let us see whether fact will warrant this concession. What physician has not again and again tested the correctness of the Hippocratic aphorism, "*dia to emecin emelos pauctai*," by *emesis vomiting is made to cease*, or what physician has never cured certain forms of diarrhœa by the administration of cathartics; or the itch by sulphur; or ophthalmia by strong stimulating washes, as Tinc. Cap.?

Now it is probably known to all that sulphur, when repeatedly administered to the healthy subject, is capable of generating a disease very similar to the itch; and that mercury, so extensively used in the treatment of syphilis, is itself capable of giving rise to a disease so nearly like that as to be sometimes mistaken for it. Again, hyoscyamus, which if given to the healthy is capable of producing mania and quite a number of serious and alarming symptoms, is an important remedy in these very conditions, when natural nux vomica is one of our most valuable tetanics, and yet it will produce the most violent convulsions. Likewise aconite, so extensively and successfully used by the Homœopaths, as a febrifuge, will if perseveringly taken for some little time, induce a febrile condition of the general system. Again, the pathogenesis of belladonna led to its employment in scarlatina, in the treatment of which disease, it perhaps has no equal. And so on through the whole list of "specifics."

Thus we have seen indubitable evidences that there is truth and much of it in all the systems just enumerated and briefly illustrated. At least enough has been determined to convince every candid mind, and every seeker after truth, that restrictive bigotry and proscriptive illiberality, so much out of place anywhere and everywhere, are especially so when exercised by members or sections of the medical profession.

And yet it is a lamentable fact, that in the science of medicine, a science which has ever lagged in the rear of all others, which is but just emerging out of chaos,—but just beginning to become a science—and whose paramount importance should command the earnest, untiring, and *united* efforts of all physicians everywhere, of its professors, men to whose skill is entrusted the guardianship of human life, and who, considering their present exceedingly limited knowledge of the laws physiological and pathological,

which control and are related to that principle of life, should be, of all men, the most eager to increase in wisdom, and ready to encourage new developments, a large proportion are found so recreant to their sacred trust, and so unwisely and so basely selfish, as to endeavor, for the sake of saving their craft, gratifying their pride of opinion, and hoarding treasures of ill-gotten gain, to block the wheels of science and stay the progress of reform. And Homœopathists, as a class, appear doubly deserving of reproach, because claiming to constitute the *vanguard* in the great army of reform and liberalism, they really evince less liberality, less generosity, and less of the spirit of compromise than any other; and doubly culpable for their arrogant assumptions, as possessing the *all* of medical science; first, because while the evidences of the value of other laws are constantly before their minds, they virtually contradict their own statements by their practice; and secondly, because by their very assumption and proscriptions they claim what they manifestly do not possess, *a complete knowledge of the whole subject of medicine*. I say manifestly, because they are altogether ignorant of the *rationale* of their law, "*similia*." How then can they know the extent of its application, and that it is *all-comprehensive*?

This subject does not enter into the plan of the present article, but in a subsequent one I shall attempt to define the nature of each of the two great laws of cure, and to draw lines of demarcation.

Cincinnati, July, 1852.

ART. V.—*Peculiar Effects of the Root of the Podophyllum Peltatum, or May Apple; and its Alcoholic Extract.* By CHARLES W. WRIGHT, M. D., of Cincinnati.

Having been called upon to make an analysis of some cocoa, which it was supposed had been poisoned by having been pulverized in a mortar in which cantharides had been reduced to powder, a short time previously, and which it was believed had not been properly cleansed; but, being unable to detect the presence of cantharides by any of the proposed tests, or the scales by means of a microscope, I was induced to attribute the symptoms of poisoning to the presence of some other agent; and upon investigation the following appears to have been the cause of the symptoms observed:

Upon inquiring of the person who pulverized the cocoa beans it was found that the mortar, a short time before, had been used to pulverize the alcoholic extract of the *podophyllum peltatum*, called by the self-styled Eclectic practitioners *podophylline*, and by whom it is almost exclusively used, being their substitute for calomel.

Now it is found that if a person take the powdered root, or the alcoholic extract of the May apple for a considerable period of time, a peculiar papular eruption makes its appearance on the scrotum, accompanied by an irritation of the neck of the bladder, especially when the dose is not sufficient to produce free catharsis. This eruption not unfrequently makes its appearance on those employed to pulverize the root, and occurs so frequently in the practice of the Eclectics that they have given it the name of *Scroteritis*.

All of those persons who used the cocoa containing the extract of May apple, were affected with irritation of the neck of the bladder and tenesmus; and in some of the cases the pain was so severe that they would lay hold of the nearest object for support until it subsided.

The powder of the root and extract is excessively irritating to the eyes, producing, in considerable quantity, an inflammation which is extremely difficult to treat.

REMARKS ON DR. CHARLES W. WRIGHT'S COMMUNICATION.

BY PROF. J. KING, M. D.

The above communication from Dr. C. W. Wright may be found in the *Western Lancet*, for May, 1852, page 405. The exact object of the communication I do not understand, and shall therefore pass a few remarks upon it.

It seems, from the tenor of his article, that the medicine so extensively employed by the self-styled regulars, *cantharides*, is so poisonous as to communicate much of its virulence to cocoa, not only when mixed with it, but even by coming in contact with the inside of a mortar in which the fly has been pulverized, at least, such was the supposition in the above instance; and on such a supposition, the cocoa was submitted to analysis, but without the detection of *cantharides*. After this supposition and analysis, a discovery was made that the person who had used the mortar, a short time before the cocoa was powdered, had rubbed *podophyllin* in it. Why did not the person name this before, and not have permitted the investigators to remain in an error, until

analysis proved their suppositions to be incorrect? If he, at first, erroneously supposed cantharides to have remained in the mortar, may he not have been equally mistaken in the podophyllin supposition? Or did Dr. Wright prove the correctness of the podophyllin supposition by the same careful analysis which proved the absence of cantharides? Or, did he admit the truth of the podophyllin supposition, without analysis, on the same ground which led him to analyze for the detection of his favorite, cantharides?

There appears to me to be considerable discrepancy in this matter, which renders it extremely doubtful whether podophyllin had any thing whatever to do with the symptoms referred to; and there are likewise, a few errors in the doctor's statement, which I will notice, as he does not appear to be well posted up in the agents and practice of "the self-styled Eclectics."

He states that a peculiar eruption, etc., accompanies the use of podophyllum, or its extract, and seems to favor the idea, that these are the common results of its internal administration. I have freely used both the root and its extract for the last seventeen years, in various diseases, and have, among thousands of patients, *never* observed the effects named by Dr. W. And as far as my inquiries have extended among "the self-styled Eclectic practitioners" such symptoms from its internal use are unknown; and I would here observe, that were those symptoms to manifest themselves in every case of internal use, still, the article would be preferable to those favorite Allopathic poisonous mineral agents which cause the teeth to decay, the nervous system to become paralyzed, or the soft tissues of the face to slough off, producing "*allopathic cancrum oris*," a disease unknown in Eclectic practice, except as the result of mercurial treatment.

That this eruption appears on those who are employed in the *pulverization* of the podophyllum, or its resins, is true, but it is followed by no sloughing, no loss of the normal function of the parts, and no deleterious constitutional influences; and it is on account of this valuable property of the article, irritation, that ~~we~~ we use it in our irritating plaster, a highly useful preparation which I here take pleasure in introducing to the favorable notice of Dr. W. and his Allopathic brethren. As to the term "*Scroteritis*," it may be very applicable, but I must confess that I never heard of it until I read the Doctor's communication, and as far as I

have inquired, the same ignorance exists among my Eclectic brethren.

In those cases, where podophyllum produces the symptoms referred to by Dr. W., they become manifested, only after the person has been exposed to the *external* influence of the powder for several days; and that its *internal* employment must be for "a considerable period of time," to effect these results, the doctor himself admits, although we are disposed to make no such admission. In the same communication in which this concession is made he holds forth the Hahnemannic idea, that powdering cocoa in a mortar in which podophyllin had been previously rubbed, was sufficient to produce unpleasant, (but by no means dangerous,) symptoms, in *all* of those persons who use cocoa. This completely beats Homœopathy; and if the doctor has become a disciple to the infinitesimal system, we wish he would say so distinctly, and not insinuate the change in his medical belief, by such outrageous attacks upon one of the best agents of the "self-styled Eclectics," and one destined eventually to drive mercury into the grave from which it was resurrected. We think the doctor's attack upon podophyllin is, truly, a very lame one, and has not been conducted in that *liberal manner which usually characterizes his proceedings.*

Cincinnati, July, 1852.

PROF. NEWTON:—Will you ask the readers of the Journal for the results of their observations and experiments in the use of the seeds of the *Arctium Lappa*, (Burdock.)

It is as ranked *officinal*, in *Wood and Baché's* U. S. Dispensatory—and the seeds are said to be *diuretic*, but my experience has taught me to consider them as possessing very decided *diaphoretic* and stimulant properties, and also that they are probably quite active as a tonic. I am yet testing their effect in various forms of diseases, and wish to compare my observations with those of other practitioners; and would like to know if it is thought they differ in their medicinal properties from the root of the plant.

Very respectfully,

C. H. CLEVELAND, M. D.

Waterbury, Vt., June, 1852.

We will be pleased to hear from our practitioners on the above subject.

N.

GELSEMINUM SEMPERVIRENS.

BY F. D. HILL, M. D., CINCINNATI.

GELSEMINUM SEMPERVIRENS—*Sec. Sys.* Pentandria Digynia. *Gen. Char.*, *Calyx*, small, five-leaved; *Corolla*, funnel-form; *Border*, spreading, five-lobed, nearly equal; *Capsule*, two-celled; *Seeds*, flat.

Spe. Char.—*Stem*, twining, smooth glabrous; *Leaves*, opposite, perennial, lanceolate, entire, dark green above, pale beneath; *Petioles*, short.

The root of the gelseminum is the part used, and it is known by the common names of *Yellow Jassamine*, *Wild Jassamine*, and *Woodbine*.

Hab.—The Gelseminum is indigenous to this country, and is found growing wild throughout the Southern States, and is also cultivated in gardens. It bears a *yellow* flower which makes its appearance in June and July.

Mode of Preparation.—Take any quantity of the fresh, green roots; wash, bruise, and cover them with *whiskey* or *diluted alcohol*. Let it stand, with an occasional shaking, until the strength is thoroughly extracted. When the *tincture* is thus prepared, it is of a dark red color, presenting a blue-like tinge. I refer the reader to the ECLECTIC DISPENSATORY, for the history of the discovery of its *medicinal* properties.

Medical Properties and Uses.—Gelseminum is stimulant, tonic, and antispasmodic. By its relaxing effect it produces gentle diaphoresis, and is said to be *narcotic*. Its effect in large doses, or doses too frequently repeated, is extreme relaxation, and general prostration of the whole muscular and nervous system. It will suspend and hold in check muscular irritability and nervous excitement with more force and power than any other known remedy. It is of a pleasant bitter taste, and performs its wonder-working cures, in all febrile diseases, without exciting either nausea, vomiting, or purging. When enough has been given to produce its specific effect, the eye is dimmed, the vision clouded and double, the head light and dizzy. When these effects follow the administration of this remedy, no more should be given until the patient has entirely recovered from its influence. "It may be

used in all species of fevers, nervous and bilious headache, colds, pneumonia, hemorrhages, leucorrhea, chorea, ague-cake, asthma, and many other diseases: but its efficacy has been most admired in all forms and grades of fevers." It should always be used with great care and caution. The root is said to possess a resinous principle, which, when extracted by pure alcohol, will produce death in very small doses. But no such effect need be expected from the proper dose of the common tincture. There is danger of carrying it to such an extent as to suspend involuntary muscular action, and when this is the case, death must ensue. "It is incompatible with no known substance, and may follow any *preceding treatment with perfect safety.*" The dose is forty drops for an adult, and children in proportion to age and temperament. It is given either with or without quinine; but seems to have a better effect when given in connection with from two to three grains of quinine. It has been used alone for *chronic rheumatism*, in doses of forty drops three times a day, with marked effects. Three or four doses, with a mild cathartic, will remove the redness and swelling attending inflamed sore eyes. Special attention should be directed to the general health and constitution of the patient before giving gelsemium. If the bowels be constipated they should be moved by a gentle aperient, and kept in a relaxed condition. It requires double the quantity to produce the effect on some that it does on others; and should the practitioner ever produce too great a degree of relaxation, he should lose no time in stimulating and toning up his patient. The writer has overcome the relaxing effects, and restored the proper vision, by giving ten grains of quinine. 'This will strengthen the patient quicker than anything else. Dr. Fisk says, "he wants nothing else but gelsemium and extract of cypripedium in all cases of childbirth." Dr. Stockwell says, "it is one of the most quieting, soothing, and relaxing remedies he ever used." By giving twenty-five drops three times a day, he has produced gentle diaphoresis which other remedies failed to do. He gave the full dose, to a man who had had the dysentery for a week, together with two grains of quinine, three times a day, with happy effect. More is yet to be learned about the curative effects of this remedy. The field is open, and practitioners must and will investigate for themselves.

OVARIAN OPERATION.

BY D. D. FRANKLIN, M. D., TIFFIN, OHIO.

The profession has frequently been requested, through the "Eclectic Medical Journal," to report interesting cases, for publication in that Journal (and I have had many such), but my practice has been so extensive, as to have prevented me from doing so as often as I would like; but I recently performed an operation for the extraction of an ovarian tumor, which is too important and interesting to the medical profession, as well as to the public, to be lost; I must, therefore, take time to give you a sketch of the case in question, and shall be glad if it reaches you in time for publication in the June number.

The case above alluded to, is that of Miss Catharine Steudebager, of this city; her age is about 46 years, has been unwell for twelve months, and was at the commencement of her illness under the care of three Allopathic physicians, whose diagnosis was "ascites," and who abandoned the case, and I was then called upon to treat it. Upon examination I pronounced it a case of ovarian tumor, and could distinctly trace the outlines of three different cysts; one was low down in the pelvis, and about the size of an infant's head, another in the left iliac region about the same size, and the third in the right hypochondriac region, not quite so large. At this time, she had been ill about nine months, the abdomen was very much distended, and there were probably more cysts than the three I could trace, or else there must necessarily have been considerable ascitic fluid in the peritoneal cavity; in either case, the only method of relief (in my opinion), was to perform ovariectomy, and the operation, which I preferred, was by the long incision, as recommended by Dr. Clark, of *Manchester, England*.^{*} This was consented to by the patient and the family; however, as it was a very hazardous operation, we concluded to postpone it as long as possible; therefore, the tumor had been forming about twelve months, when the operation took place, which was on the 11th day of June, 1852.

^{*} Dr. H. Kuhn, and Dr. McFarland and Dr. F. Franklin at this time called in to consult in regard to the propriety of extracting the tumor, Dr. McFarland dissented, the other two were in favor of it, and we then concluded to operate by the long incision, which as you will see, was successful.

Having made all the necessary preparations, and placed the patient in as favorable a condition as possible under the circumstances, at 3 o'clock P. M., she was placed on the table, with her head and shoulders considerably elevated, her knees flexed so as to allow her feet to rest on the bottom of a chair, I then proceeded to operate, assisted by Dr. Kuhn and Dr. F. Franklin. The following gentlemen were also invited to witness the operation, Drs. Fisher, Bricker, Chamberlain, Stone, Nolen, Patterson, Wheat, and Kagy, Rev. Mr. Nelson, and Judge Ebert.

The anæsthetic agent used, consisted of one part chloroform and three of ether. As soon as she was sufficiently under its influence, I proceeded to make the incision from the ensiform cartilage along the linea alba till within half an inch of the umbilicus, then forming a semicircle to the left of it, come as quickly back to the linea alba as possible, which was then followed down to the symphysis pubes, making the incision *twenty-one* inches long through the integuments and fascia, at one stroke of the scalpel.

I then severed the peritoneum near the ensiform cartilage sufficient to insert two of the fingers of the left hand, and then with a probe-pointed bistoury, carried down between the fingers, made the incision in the peritoneum the whole length of the external one; at this stage of the operation, the tumor presented itself in a very formidable manner. We now began to search for adhesions, and found that the broad ligaments of the uterus were attached near the centre of the anterior surface, and extending down along its side; they being ligated and separated, we next discovered a cord attached near the centre of the posterior surface of the tumor, very much resembling the umbilical cord of a fœtus, with its arterial and venous circulation, this being ligated in two places, were severed.

There were other slight attachments which, however, are not worthy of notice, as they were easily separated with the fingers. The attachments now being all severed, the tumor was laid aside by two of the assistants. The operation lasted twenty minutes, and the whole amount of blood lost did not exceed eighteen ounces, and most of that was venous. The peritoneal cavity was now carefully sponged out, and the incision closed up with seven interrupted sutures, and adhesive straps between; one end of the ligatures having been brought out at the lower extremity of the incision. We

then put compresses on each side of the incision, and then a broad bandage with the ends nearly together in front and laced up firmly to afford artificial support to the stomach, diaphragm, etc.

She was then placed carefully in bed, mild restoratives were administered, and reaction promptly took place.

I fear I am extending this article too long, therefore I will conclude, and if any further details would be thought necessary I will cheerfully give them. A few words in regard to the tumor, it weighs 53lb, 83, apothecaries' weight—measures *four feet* around its greatest circumference, and three feet three and a half inches around its smallest circumference. It contains ten cysts all united in one cluster like a bunch of grapes; some of the cysts contain a fluid of an albuminous character, and some contain organized substances of a long or cartilaginous character.

This is now the fourth day since the operation, and she has been doing well the whole of the time; the incision is healing by first intention, there has been no troublesome inflammation, and I am satisfied that she will recover.

After the above was in type, Dr. Franklin writes that the lady died on the fourteenth day after the operation, of general dropsy.

N.

PART II.—MISCELLANEOUS SELECTIONS.

1. History of a Successful Case of Ovariectomy. By E. W. DUFFIN, Surgeon. With a Description of the Morbid Anatomy of the Sac. By ROBERT LEE, M. D., F. R. S., etc., etc.
 2. An Analysis of 162 Cases of Ovariectomy, which have occurred in Great Britain. By ROBERT LEE, M. D., F. R. S.
- (From the 'Medico-Chirurgical Transactions,' Vol. XXXIV. London, 1851.)

The interest which has been recently excited in the profession on the subject of Ovariectomy, has induced us to anticipate a little the notice we are accustomed to bestow on the "Transactions of the Medico-Chirurgical Society," for the purpose of bringing under the consideration of our readers at the earliest moment possible, the remarkable statistical paper which Dr. Lee has contributed to the volume that has just appeared. As connected with

it also, and as ushering in the valuable series of papers which we shall take the first opportunity of analyzing, we shall now give some account of the paper which stands first in order in the present volume. The operation of Ovariectomy has now been so frequently performed in this country and elsewhere, that we presume a simple record of a successful case would not have found its way into the "Medico-Chirurgical Transactions," except as displaying some circumstance of unusual interest or importance; and accordingly it is to the Supplement of Dr. Lee that we must look for an explanation of the insertion of Mr. Duffin's paper, as the case itself differs little from many others that are familiar to the profession.

On the 23rd of August, 1850, a woman, 38 years old, applied to Mr. Duffin on account of an ovarian tumor which distended the abdomen to the size that it attains in the last month of pregnancy. The patient was in good health, and was very urgent for the removal of the disease, in consequence of severe neuralgic pains which it occasioned in the right thigh, from pressure on the sciatic nerve, as was afterwards proved. It is not stated whether she had ever borne children. The surgeon in this case quickly made up his mind both as to the nature of the tumor, and what to do with it; for on the fifth day from his first seeing the patient, he opened the abdomen, and fortunately meeting with no adhesions, quickly relieved the sufferer from the burden which had oppressed her for between seven and eight months. Following the plan which, as will be seen hereafter, has been attended with considerable success, he first examined the nature and connections of the tumor through an incision in the abdominal wall, of sufficient size to admit the forefinger; and there being nothing discovered to contraindicate the removal of the disease, this opening was enlarged to the extent of nearly three inches; and the contents of the sac, amounting to 130 fluid ounces, having been evacuated through a trocar, the cyst was drawn through the aperture. The root of the tumor contained three large arteries and a considerable vein, which were secured by a double ligature passed through its centre, and tied on each side; another ligature was then passed round the whole neck, and the cyst removed by dividing its attachment, which was about an inch and a half in length. The ligatures were stitched in the wound with the view of preventing the cut surface from receding into the pelvis and setting up inflammation when it commenced to suppurate; and this contrivance was found to answer its purpose in every way. The wound closed by the first intention, reopened on the ninth day, and on the fifteenth the ligature and slough escaped. In less than three weeks after the performance of this formidable operation, the patient was moving about again, and has since returned to her usual employment.

Dr. Robert Lee carefully dissected the tumor, and has recorded

some particulars not generally noticed. The cyst was composed of three layers,—a peritoneal covering, a middle fibrous coat, and a thick membranous sac, in which the fluid had been contained. The peritoneal coat retained the usual characters of that membrane. The middle coat was composed of several layers, to which arteries and nerves, with ganglionic enlargements, were distributed. And the internal coat presented the interesting appearance of being composed, like the Graafian vesicle, of two perfectly distinct membranous layers.

The following paragraph we extract in Dr. Lee's own words, as they probably best explain the peculiarity which he discovered in the formation of this multilocular cyst. It will at once be observed that this account differs from that given by Dr. Hodgkin of the usual development of compound cystoib growths; whilst it accords with the views of Rokitansky:

"Imbedded in the middle coat, near the root, is another and much smaller cyst, with a lining membrane which presents, on the inner surface, precisely the same appearances as those seen on the inner surface of the larger cyst. The lining membrane of this smaller cyst is likewise composed of two distinct layers, like that of the larger cyst and the Graafian vesicle, both before and after the escape of the ovum. From the preparation it is seen that a thin stratum of the middle coat is interposed between these two cysts, and that they are independent of each other. But the smaller cyst, though not adherent to the outer surface of the larger, has grown so as to encroach on the cavity of the latter, the lining membrane of which [the] smaller cyst has protruded before it. From this dissection it is obvious that the smaller cyst did not grow from the inner surface of the larger, nor from its outer surface; but that, in the progress of development of the smaller cyst, it pushed before a portion of the lining membrane of the larger, and thus acquired the layer of reflected membrane from the inner coat of the larger cyst by which it is invested.

"At the base or root of the great cyst in the middle fibrous coat, between the outer surface of the smaller cyst and peritoneum, there is a group of small multilocular cysts, which contained similar fluid, have all the same structure, and bear the relation to one another, as the two cysts above described. These multilocular cysts have evidently been formed independently of each other; but in the progress of their growth and enlargement, some of them have encroached upon the cavities of those cysts with which they were contiguous, and in the same mechanical manner have acquired reflected portions of their membranes." (p. 8.)

The present race of obstetricians may fairly claim the distinction of having set the profession by the ears, more frequently and with greater violence than any other class of practitioners. In the instrumental department, the Speculum and the Uterine Sound, and in the operative one, the Cæsarean Section and the extraction of diseased Ovaria, have each engaged, on several occasions, the angry attention of the Royal Medico-Chirurgical Society. Whether the manner in which these disputes have been

conducted can claim the merit either of contributing to the advance of truth, or of increasing the respectability of our calling, constitutes a serious question, which we shall not, at present, attempt to determine. Those who do not practice midwifery may well be excused, if they suspect a little exaggeration, and a little lack of calm good sense, when they observe the eminent men who are arranged on either side holding diametrically opposite opinions upon the value of particular instruments, the use of which can hardly be so difficult to settle as some disputants would have us to believe. Other departments of the medical profession are not, however, so pure, that we feel justified in holding up any one of them as a pattern for the rest; for it is very certain that jealousy and partisanship are vices not confined to the champions of the science and practice of obstetrics.

On the present occasion, Dr. Lee has contributed a most valuable addition to the statistics of an operation which interests every class of the profession—the physician and surgeon, equally with the obstetrician. The subject of Ovariectomy has long and painfully engaged the public attention; its results, when successful, being calculated to excite wonder and admiration; whilst the fatal issue must, in many instances, have filled the mind of those who have been admitted behind the scenes, with such feelings of disgust and horror, as the recital of details of barbarity almost unparalleled in the history of science could not but excite. The question, however, is an urgent one, which admits of no delay in its settlement. Any one of us may be called upon to-morrow to determine for some unhappy female, whether she shall pass the short remainder of her life in a condition of great and permanent discomfort, if not of actual pain, or whether the improvement of our art holds to her a reasonable prospect of relief by the performance of an operation. It is impossible to think, without feelings of the deepest responsibility and compassion, on the number of families, in this country alone, to whom the subject is of the most vital importance, and who are, at this moment, looking to us for some solution to their hopes and fears. A disease which attacks females of all ranks, just at the time when their lives are most valuable, and which in too many cases, rapidly proceeds to a fatal termination quite unchecked by medicine, is one that naturally claims the most favorable consideration for any plan of treatment which promises certain and complete relief. In such a case, it becomes us to cast aside every vestige of prejudice, or party spirit; to weigh deliberately every fact; to judge charitably, yet not hastily or imperfectly; and to decide only after the most careful deliberation.

It is not, therefore, without anxious thought, that we pronounce an opinion that the table of Dr. Lee does not, in its present state, furnish us with the means of fully and fairly settling the question of the merits and demerits of ovariectomy.

We admit that the evidence upon which the question is to be decided—whether in Great Britain any more women should be submitted to this operation—is to be found in the detail of cases that have already occurred in this country. The exclusion of continental experience doubtless militates against the positive certainty that we may hereafter attain; but considering the extreme difficulty there has been in getting together a body of facts relating to this country alone, it is not reasonable at present to expect any great addition to our information from foreign sources.

But it has been objected that while we have accounts of all the successful cases, many fatal ones have been kept in the background; and there is much reason to suppose that this humiliating statement is founded in truth. Would that all our brethren counted themselves "debtors to their profession," and that operators especially were impressed with this great truth. Can there be a more flagrant violation of a solemn duty, than the practice of keeping in the background what experience has taught, that may be unfavorable to any peculiar plan of treatment or unwonted operation? What is it when a man knowingly lets his fellow carry away a false impression on such subjects, but to violate every law of truth—to indorse a lie? What means, what bitter anguish, what unavailing regrets, have not these men to answer for in a world already so full of tears? Will nothing touch their callous mercenary minds—no consideration compel them to a tardy honesty? If insensible to the contempt of their more honorable brethren, do they never think of a yet higher responsibility? Seldom has our profession exhibited a more degrading scene, than on that memorable night at the Medico-Chirurgical Society, when appeal after appeal was made, and made in vain, to those who had experience of ovariectomy, to come forward and boldly speak the truth. The appeal, which was then scarcely responded to, has been but very imperfectly answered since.

We must be cautious, however, not to attribute too much weight to this circumstance. We have 162—or, as will be seen by and by, 167—facts to judge from, upon which we can rely—a much greater body of evidence than has been considered sufficient to determine many similar questions. If the operation is to be judged of statistically, figures alone are admissible into our calculations. It will not do to trust to statistics, so long as they support any views to which we happen to have a leaning, and then to throw in a make-weight of *impressions* and *hearsay reports*. Such phrases as "I suspect," "I understand," and even "I have reason to know," are very apt to pass for more than they are worth, and to mislead the judgment to an extent that has always been very destructive to the exactitude of medical science. We make these observations preparatory to entering into a minute analysis of Dr. Lee's Table; but before doing so we think it

advisable to remind our readers of one or two circumstances important to be had in remembrance, as aids to our judgment.

In the first place, it is not unimportant to observe the vast difference that exists between the earlier and the later operations for the removal of a diseased ovary.

Contrast the third case in which this operation was performed in this country, by Mr. Lizars, with many of the cases in which the minor operation, as it is called, has since been resorted to.

We quote the account given in Dr. Lee's Table.

"CASE 3.—March 22, 1825. Patient's age 25. Ovarian tumor, seven pounds, adhering to the brim of the pelvis, colon, and abdominal walls, which were partly overcome by dissection, tension, and the handle of the scalpel; incision from sternum to symphysis pubis. Gangrene of the intestine followed." (p. 14.)

For an illustration of the operation by the small incision, we cannot do better than refer to the account we have already given in Mr. Duffin's case.

Now we quote these two cases with no other object than that of inducing those who have very naturally formed strong opinions from what they heard of the earlier examples of ovariectomy, to suspend their judgment, until they examine the improvements which experience has effected in its performance. We cannot, indeed, disguise from ourselves the fact that the improved operation is, to a certain extent, only less hazardous than the larger incision. It still retains, of course, that greatest of all dangers—the wounding of the peritoneal cavity; and is, at best, one of the most serious operations in surgery. It is fair, however, to judge of an operation by a reference to the character of the disease for which it is performed. A disease that is sure to end fatally, will justify our incurring a greater hazard for its removal, than one that is an inconvenience only; and it is thus necessary, *in limine*, to correct the notion that an ovarian tumor belongs to the latter class of cases. It is not correct to assert that in many instances a person may live for years with a dropsey of the ovary, and may be kept in comparative comfort by being occasionally tapped. In truth, such cases are exceedingly rare. Mr. Safford Lee, in his essay on "Tumors of the Uterus and its Appendages," states that, more than half the cases (63 out of 123) terminated by death in two years, and that 90 out of 123 died within four years. (Op. cit. p. 175.) This agrees very much with the general impression that ovarian disease, like other organic affections, tends to run its course in something like a space of three years—years which emphatically require in this case patience, resignation, and sweet temper, to render them even tolerable to the sufferer.

Tapping—the best means of alleviation in our hands—is also more fatal than is imagined by some, who make too much of the fact that persons are occasionally tapped for the thirtieth or

fortieth time. Mr. Southam has collected 20 cases, 14 of which died within nine months of the first tapping—4 surviving it only a few days. Of the remaining 6, 2 died in eighteen months, while 4 lived for periods varying from four to nearly nine years. Mr. Lee also has recorded the fate of 37 patients, 21 of whom died within four months; 18 of these were only tapped once, and of these again 15 died within the month. (*Op. cit.* p. 179.) Mr. Lee observes that it is possible that these cases are published *because* they were fatal, and are considered peculiar, and that they may, therefore, hardly represent the real mortality of tapping. But on applying to eminent men in London, he found that the general experience of the four whom he consulted very much bore out this result. It is but fair, however, to state on the other hand, that Mr. Lee's assertions on this point are controverted by Dr. Atlee (*Amer. Journ. of Med. Sci., N. S., No. 38*); who asserts that the numerous inquiries he has made of surgeons in large practice, convince him that death, or even serious symptoms *never* result from tapping; and that life is usually prolonged, not curtailed, by resorting to it; while in several cases even permanent recovery has resulted.

This seems the most appropriate place in which to allude to certain cases that were communicated to the Quarterly Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, in December, 1850; in which a modification of the "minor operation" had been resorted to by Mr. Wilson, formerly senior surgeon to the General Hospital at Bristol. The principles upon which Mr. Wilson proceeded in his cases are thus stated by him:

"1st. To make as small an incision as possible.

"2nd. To draw out only as much of the cyst as could be extracted readily and without displacement of the contents of the abdomen.

"3rd. To endeavor to keep the wound always filled with the cyst, so that neither *air* nor *fluid* should be admitted into the cavity of the abdomen.

"4th. To cut off the cyst, *not* close to the wound, but from one to two inches beyond it, so that when the portion of cyst has been removed, the cut margin could be carefully examined, and the vessels secured.

"5th. To secure each vessel on the cut margin of the cyst, separately with fine silk, and to cut off both ends close, so as to have no ligature hanging from the wound.

"6th. To close the external wound as quickly as possible."

Our limits will not permit us, nor indeed is it our object at this time, to make any comparison between the various methods that have been resorted to for the cure of ovarian disease. We only mention Mr. Wilson's cases as illustrations of our observation, that the operation of ovariectomy has undergone a vital change since it was first proposed and resorted to. Suffice it here to say,

that, including two unpublished cases, with the details of which Mr. Wilson has favored us, he has now attempted this plan in five cases. In three of them he removed large portions of the cyst; two of these patients recovered, and are now in perfect health; the third, a person addicted to habitual but not excessive spirit-drinking, died from peritonitis. In the two other cases to which we have referred, the cyst had contracted too many adhesions to the neighboring parts, to admit of the removal of any portion of it; and Mr. Wilson very properly desisted from the operation. Both these patients rapidly recovered from the exploratory incisions that had been made into their abdomens. The second of these afterwards died from the original disease, which was found to consist of a multilocular cyst with solid malignant deposit.

As all these cases will, doubtless, be published in the "Transactions of the Provincial Association," we take leave strongly to recommend them to the notice of our readers.

We would now submit that we are in a position to establish the following propositions, and to determine exactly the questions as to which we should endeavor to obtain information.

1st. There are a few cases of ovarian disease which remain stationary for years, not requiring tapping for the removal of fluid, and consequently not calling for any more serious operation. What is the real proportion of these, and are there any means of forming an accurate prognosis?

2nd. The large majority of ovarian tumors are uncontrollable by medicine, proceed from bad to worse, and are fatal within a period of between three and four years, passed in great discomfort, often in misery. Can the cases in which this event may be looked for be certainly distinguished?

3rd. Cases are recorded, in which an operation has been performed for the complete removal of the diseased mass. Does the success that has attended such operations justify us in further resorting to them? In answering this question it must be premised (A) that in some of the cases the ovarian disease has consisted of a cyst or cysts, with or without solid deposit, quite unconnected with any of the surrounding parts, and attached only by its base—in other words, *non-adherent*; whilst (B) in another class of cases there existed *adhesions* more or less extensive. In some instances, these adhesions were torn up, and the tumor cut out; in others, after various attempts, the operation had to be abandoned.

4th. Mistakes in diagnosis have occurred; sometimes no tumor being present at all, sometimes disease, which had been mistaken for an ovarian cyst, having existed in the uterus or elsewhere.

5th. On account of the extreme difficulty or impossibility of determining the existence of adhesions, an incision has, in divers instances, been made into the abdominal cavity, through which the nature of the tumor and the extent of its connections were examined.

Does this, which we propose to call "The Exploratory Diagnostic Incision," afford us a legitimate means of verifying our diagnosis? To class such cases with those in which a large opening has been made into the abdomen, and unsuccessful efforts made together to remove the tumor, is not just; nor can they all be included under one head—"cases in which the operation had to be abandoned."

Finally, it must be remembered that in all the fatal cases of every kind, care must be taken to study the *cause* of death. This, in some instances, has proceeded from circumstances foreign to the operation; in others, from accidents which can easily be avoided in future, or from such as are common to every operation, the most trifling as well as the most serious. How long patients have survived and remained well after the operation of ovariectomy is another question, upon which the evidence is defective; hardly more so, however, than it is in the case of other operations.

In almost all the cases of which we have a report, after the lapse of a considerable period, that report is satisfactory; for instance, case 8, in Dr. Lee's Table, in which the operation was performed in the year 1835, and the patient is still alive, having since given birth to five healthy children. Case 27: Operation. 1843; still living: has had one dead and one living child. Case 24: Operation, 1844; died two years after, of stricture of the rectum. Case 26: Operation, 1844; now living. Case 50: Operation, 1846; now perfectly well. And so likewise in cases 11, 12, 46, 52, 59, 62, 63, 64, 66, 69, 70, 71, 72, 81, 97, and so on, where the result is stated after the lapse of several years. For a considerable number of cases operated on by Dr. F. Bird, we must refer our readers to the second volume of the "*Lancet*," for 1850; but the details given are lamentably meagre.

It does not, therefore, seem to us a valid objection to the operation, that we do not know the final issue of the cases. On the contrary, there is reason to believe that the cure is entire and complete, where the patients have survived the immediate effects of the removal of the tumor.

Of the whole number of operations undertaken in this country for the removal of an ovarian tumor, taking into account the cases in which there has been a mistaken diagnosis, and also those cases which have been subjected to the exploratory diagnosis incision, more than a third have died—truly a startling and frightful result.

According to Dr. Lee, the exact number of operations has been 162, of which 61 were fatal; but correcting this table by the addition of Mr. Wilson's 5 cases, the number stands thus: operations 167; deaths 62.

In 8 of these patients, the disease was not ovarian; and two of them died from the effects of what had been done, the third surviving for only a few months. In 3 cases, the disease was a fibrous tumor of the uterus; in one instance, an enlarged mesenteric

gland had misled the operator; and in the 4 remaining cases there was no tumor at all.

The results of these 8 cases, numbered as they occur in Dr. Lee's Table, are as follows:

RECOVERIES.	DEATHS.
No. 1. Fat. 4. Fibrous tumors of uterus. 5. Fat and wind. 10. Tumor not found. 106. No tumor.	7. Fibrous tumor of uterus—removed. 9. Enlarged gland in mesentery—not removed—died in a few months. 90. Fibrous tumors of uterus—removed.

In five of the eight cases, heretofore, where the wound was closed on the discovery of the mistake, the patients recovered.

Non-adherent ovarian tumors were removed in 35 instances, including among them Mr. Wilson's 3 cases, in which he intended to excise only such a portion of the cyst as could easily be drawn out of the wound.

Of these cases, unquestionably the most favorable for the operation of ovariectomy, 10 died, or 1 in $3\frac{1}{2}$ cases.

The numbers referring to these cases are:

Recoveries.—8, 11, 12, 16, 23, 26, 28 (health good, but motion of hip-joint interfered with), 44, 52, 54, 82, 93, 97, 98, 104, 109, 110, 111, 115, 116, 160, 161. Add to these, two cases by Mr. Wilson.

Deaths.—16, 20, 49, 85, 94, 95, 113 (tumor 14 lbs; erroneously stated by Dr. Lee to be 24 lbs), 124, 156; and one case by Mr. Wilson.

Two of the fatal cases—viz., Nos. 19 and 94—may, however, fairly be excepted from our calculations. In No. 19, a favorable one for the operation, the patient died (Mr. Phillips states) from a choleraic form of inflammation of the large intestine—having been purged twenty times the day before the operation, unknown, of course, to him, (Vide 'Medical Gazette,' vol. xxvii. p. 83). In case 94, operation by Mr. Solly, the ligature slipped, and the patient died from secondary hæmorrhage. (Vide 'Medical Gazette,' vol. xxxviii.) Such a result can manifestly be avoided in future.

Our mortality is therefore reduced to eight cases out of 35. Now, surprising as the statement may be, this cannot be considered as an excessive mortality, when compared with that of other capital operations. Many more patients die after a serious operation, than most persons are aware of. We are all disposed to picture the hazards of an operation from the result of individual experience, than which nothing can be more fallacious. If we estimate the perils of lithotomy from its results in the hands of Frere Jacques, or Mr. Martineau, we should involve ourselves in great errors; and as an illustration of the variation of individual experience at different times, we may mention that a distinguished

surgeon of our acquaintance operated successfully for hernia forty consecutive times in private; but coming to hospital, he lost a great proportion of his cases. In Paris, it is said, that every second hernia patient dies; and this statement would not greatly exaggerate the unfavorable experience of English hospitals. Malgaigne's statistics of amputations are well known. Calculating the result in 852 cases, he showed that in the whole number two out of every five died; while in the case of the removal of the lower extremities alone, the mortality was even higher, amounting to upwards of a half. It would be easy to prove the same thing from other statistics.

The next class of cases we shall notice includes those in which the tumor was removed in spite of the existence of adhesions; and here we meet with facts that make us blush for our profession. We are cognizant of thirty-five such cases, and of these, 15, or *more nearly a half than a third*, perished from the direct effects of the operation. The details of some of these cases are distressing in the extreme. According to Dr. Lee's Table they stand thus:

Recoveries.—Cases 24, 35, 36, 38, 42, 45, 46, 53, 55, 77, 81, 89, 96, 99, 117, 120, 121, 122, 126, 157.

Deaths.—Cases 3, 7 (already referred to as fibrous tumor of uterus), 21, 22, 39, 47 (tumor free from peritoneal attachments, but adherent to Fallopian tubes and uterus), 48, 56, 83, 90 (already quoted as fibrous tumor of uterus), 100, 107, 108, 159, 162.

As specimens of some of these operations take the following:

Case 48.—Both ovaries and uterus were removed, converting the vagina into a *cul-de-sac*.

Case 108.—Long incision; extensive and strong adhesions, which were violently torn up. A personal friend, who was present at the operation, communicated all the details to Dr Lee. Death speedily followed. (Unpublished.)

It is worthy of remark, that in one of the fatal cases—viz. No. 63, as well as in No. 158, included in a subsequent table—the adhesions were of such a character as not to be discovered until the operation had proceeded a considerable length; in this, therefore, the exploratory incision would not have answered its purpose. The operations in this class speak for themselves, and no comments can make them appear more outrageous than do, in some instances, the simple details. It will be sufficient to refer to a single instance which has lately been brought prominently before the public eye—the case operated on by Mr. Baker, at the Birmingham General Hospital, and standing last in Dr. Lee's Table.

The rule may be laid down, that *whenever we discover adhesions, except such as are of the most trifling character, the operation must be forthwith abandoned.*

Our next table will include the cases in which, on the discovery of adhesions the operators proceeded no farther in their attempts to remove the tumor; those, also, in which they were obliged

to content themselves with the partial removal of the tumor, together with all the known cases of the simple preliminary diagnostic incision.

From Dr. Lee's data we gather, that under this head there were 17 deaths and 43 recoveries; but adding the two cases communicated to us by Mr. Wilson, and another case of the late Mr. Aston Key, mentioned in the report of Mr. Arnott's fatal case in the *Pathological Transactions*, for 1848, the number of recoveries is increased to 46, thus making one death in rather more than two and a half cases. The particulars are as follows:

Recoveries.—Cases 1 (already mentioned as no ovarian tumor), 2, 4, and 5 (no ovarian disease), 6, 10 (no ovarian disease), 14, 24, 29, 30, 31 (recovered from the operation, but died five weeks after, probably from fatty disease of the heart), 32, 33, 41, 43, 51, 75, 76, 77, 78, 79, 92, 103, 105 (died from subsequent tapping), 142, 143, 144, 145, 155.

We have not hesitated to include under the head recoveries, in this class, cases 1137, 38, and 139; although, according to Dr. Lee, the result of the first is not stated, and of the two others unknown; for the operator (Dr. Bird) mentions that all these patients were tapped many times afterwards, the inference from which is obvious.

Deaths.—Cases 6 (already referred to as no tumor), 17, 18, 27, 34, 37, 58, 80, 84, 88, 101, 102, 105, 128, 132 (lived six weeks), 141, 158.

An important distinction is to be drawn between those cases in which the exploratory incision was employed with the object of discovering adhesions, and those in which every effort was made to remove the tumor, the operation being desisted from only when this was found to be impossible. Surely these two cases are not to be classed together.

“Mrs. P.—. Married in 1841; never pregnant. January, 1844, first perceived enlargement of the abdomen. In 1843 had strong pressure applied to the abdomen, after being tapped by Mr. J. Brown. A second tapping; the operation of ovariectomy undertaken by Dr. F. Bird, 6th January, 1848; present, Dr. Rigby, Mr. Holt, two assistants, and Dr. Hogg, who has communicated these details to Dr. Lee. ‘An incision of two inches was made in the linea alba, midway between the umbilicus and pubes, and twenty pints of liquid were drawn off by a large canula; the opening was then fairly made into the cavity of the abdomen, and the solid tumor seized by forceps; the size, however, of the tumor was such, that the opening was of necessity extended to ten inches before it could be drawn forth; tumor then found adhering strongly behind the small intestines, and, in fact, to all the abdominal viscera. Dr. F. Bird attempted to separate it from them, by conveying his hand behind it, and, to a certain extent, succeeded in so doing; but on the tumor advancing through the opening, it brought the colon with it, rather before it, which was so firmly adhering that it defied all attempts at separation, even with

the handle of the scalpel; the removal being impossible, it was replaced in the abdomen, and the external opening sewed up. The operation occupied an hour and ten minutes, during the whole of which time she was kept under the influence of chloroform. The unfortunate patient, on recovering herself from the effects of the chloroform, stated that she had heard all that was said, but suffered very little. She expired twenty-eight hours after.' (Unpublished.)" (p. 30.)

And the following:

"An incision first made of one inch, the finger introduced, and no adhesion felt; opening extended to three inches; the sac tapped; a second cyst detected and tapped, both cysts firmly adhering. Operation could not be completed. (Middlesex Hospital—Pathological Transactions.)"

With reference to the cause of death also, it should be remarked, that case 9, where there was no tumor, recovered from the operation and died a few months after, from the original disease. It is therefore now fairly included in the list of recoveries from the exploratory incision. So case 141 died next day, from the bursting of a large hepatic abscess.

Considering it, therefore, of great moment to ascertain the results of the exploratory incision, beyond which the operation did not proceed, we arrive at the following:

It was employed in cases 14, 30, 34, 76, 77, 78, 79, 80, 103, 129, 130, 132, 133, 134, 135, 136, 137, 138, 139, 141 (already referred to as hepatic abscess), 142, 143, 144, 145, and in two cases by Mr. Wilson and one by Mr. Key. Out of these 28 cases four died, or one in $6\frac{1}{2}$; but it is to be remembered, that, of the fatal cases, No. 132 lived six weeks, and No. 141 died from the bursting of an hepatic abscess; so that in *only two* cases, or one in fourteen, could the death be fairly attributed to the operation. We wish we had the means of making this table more complete; at present it speaks favorably of the result of the "exploratory diagnostic incision." Dr. Bird, indeed, stated at the celebrated discussion in the Medico-Chirurgical Society, that he himself had employed it in between thirty and forty instances. We need hardly say this assertion is not borne out by the tables he has since published.

There yet remain 35 of Dr. Lee's cases, which with all our efforts to obtain their details, we have been unable to classify. In these there were 15 deaths.

The task we proposed to ourselves is now nearly accomplished; it remains to draw such conclusions as will guide us in our practice, and may, we would fain hope, prove useful to others also. We do not by any means suppose that our statements are entirely free from error; they must be taken only as approximations to the truth, but they are as near correctness as care and honest intentions can make them. In every instance in which we could do so, we have referred to the original sources from which Dr. Lee's table has been constructed; but as a considerable number of his cases are unpublished and communicated privately to him,

many of them rest upon his own authority. In the course of our investigation we have been more inconvenienced than we dare say Dr. Lee will believe, by a little carelessness on his part in giving his references.

Thus, case 82 is not in 'Transactions of the Provincial Medical and Surgical Association,' but in the 'Provincial Medical and Surgical Journal for 1845,' and 20 is in the 'New Series of Guy's Hospital Reports.' But these and other such defects may well be excused, in our gratitude for the substantial good which Dr. Lee has conferred upon the profession by the publication of his paper.

The impression, then, which the attentive consideration of the subject has left upon our minds is to the following effect:

1st. That in any case in which it is considered advisable to remove an ovarian tumor, it is justifiable to make a small preliminary incision into the abdomen, for the purpose of determining whether the tumor be adherent or not.

2nd. If the tumor is adherent, the incision is to be immediately closed entirely, or to such an extent as merely to leave an aperture the size of that made by an ordinary trocar, and we may then expect that this operation will not, on the average, be followed by much more fatal result than common tapping.

3d. That where the tumor consists of a simple cyst or cysts, with but small solid deposit, it may be extirpated with as good a chance of success as attends the performance of the more serious surgical operations, and with the further prospect of the cure remaining permanent.

4th. The existence of much solid deposit, or of extensive adhesions, absolutely forbids the operation, which should be brought to a termination immediately upon the discovery of either.

Finally, we may add our belief, that the plan proposed by Mr. Wilson, of tying each bleeding vessel separately, so as to dispense with the ligature round the pedicle, is an important improvement; and that, if experience should show that it is sufficient for the cure of the disease to remove only a part of the cyst, the operation will be rendered considerably more hopeful.

We cannot bring our notice of this subject to a conclusion, without again expressing our deep regret that it should have been discussed with so much of acrimony and party-spirit, and that the acknowledged heads of the surgical and obstetric departments of our profession should have left the operative treatment of ovarian disease in the hands of a class of men, who have taken it up chiefly with the view of gaining for themselves notoriety with the profession and the public, and who, by the unscrupulousness in the performance of ovariectomy at all hazards, and by their want of openness in the publication of their results, have greatly contributed to prevent the real merits of this plan of treatment from being duly appreciated. We trust that the operation will

not long remain under the stigma which at present attaches to it; but that experienced and intelligent surgeons, like Mr. Wilson of Bristol, will at any rate take it upon trial, and endeavor to devise means for the diminution of its fatality, and for that improvement of the preliminary diagnosis, which is one of the most important conditions to its legitimate success.

NURSES.

We copy from the *Herald of Reform* the following communication from our valued contributor, C. H. Cleaveland, M. D., of Waterbury, Vt. The subject is of a highly interesting nature to every one, for none are exempt from sickness. How greatly would the sufferings of the sick be alleviated, and how much more speedily would a recovery be effected, if the services of a competent and judicious nurse could at all times be secured. Great and fatal mistakes have occurred from the ignorance or conceit of those who have had the care of the sick, and the evils to which all are exposed from this cause called loudly for a remedy. We trust our readers will attentively peruse the article, and hope that numbers may be inclined to act upon its suggestions. We give the entire communication our most cordial sanction and approval, and confer upon our readers the benefit of its perusal with pleasure.

How often are the best directed efforts and the most unremitting exertions of the scientific physician entirely nullified, by the want of proper attention or the requisite knowledge on the part of the nurse! The physician cannot spare the time necessary to watch the varying phases of the disease, or the minor but important wants and annoyances it causes in the patient, and therefore must rely on the nurse for information, as well as for carrying out his plans and prescriptions for the relief of these as well as the graver features of the malady; yet it is but seldom that he can find a nurse on whose knowledge and judgment he can rely with confidence. Kind-hearted and attentive women are usually to be found in all communities, and in most families, but the knowledge and judgment requisite to constitute the nurse is a very rare endowment.

All are liable to sickness, and while suffering from disease, all can appreciate the value and necessity of that knowledge which is requisite to the proper management of the sick room, yet there are few who will, while in health, take pains to inform themselves in physiology, or the nature of disease, sufficiently to be trusted with safety in the care of the sick, neither will they encourage others to give the necessary attention to these subjects.

Of late the public mind has been aroused to the advantages which

must accrue from having females educated as *physicians*, and while attention has been given to this matter, the one of more immediate importance, the *nursing the sick*, has been allowed to slumber in oblivion.

Almost every community and village *should* encourage one or more young persons (females should be preferred) to devote themselves especially to discharge the duties of the nurse, and then afford them the pecuniary encouragement necessary to induce them to follow the calling as a vocation. It is true that in many instances *male* nurses are indispensably necessary, but in most, females are preferable. All young women should be taught to make a bed for the sick, how to prepare gruel and drink, how to administer medicines, and attend to the usual duties of the sick room; for all *must* expect to be called upon for the exercise of this knowledge, and that too, in so sudden and unexpected a manner that they will have no time to learn; but *some* should obtain a larger amount of knowledge than would be requisite for the mass of women. The more a person knows of the human system in health and disease, and the action of remedies, the less that person will be inclined to tamper with medicines, or to interfere with the physician. It is only the ignorant nurse or mother who presumes to give nostrums and quack medicines, of whose action they know little, to cure diseases, of the nature of which they know still less.

No enlightened *philanthropic* physician can object to females extending their information further than is requisite in the nurse, so as to be fitted for the entire charge of attending women and children in sickness if they choose so to do, but at the present time, the objectors to their so doing are to be found mainly among the females themselves. It is true these ancient ladies can claim as allies many in the profession who are as ancient in their notions and as deserving long skirts about their nether extremities, as are their more voluble *confreeres*, but fortunately such *old fogyism* is becoming too obsolete to exercise much influence upon the public mind.

We are far from endorsing the many charges that have been made against the *morality* or *chastity* of male practitioners of midwifery, for we believe the mass of the profession will compare favorably in that regard as any other body of men, not even excepting the clergy, but we would earnestly advocate the propriety of giving to all females who desire it, an opportunity to be thoroughly instructed in all that pertains to the care of the sick, and the preservation of health, that is now afforded to males, and where a person is found possessed of the requisite qualifications it would seem but the dictate of the commonest justice, to admit the fact, and an equal amount of pecuniary recompense for the service rendered irrespective of the sex of the person employed.

Females have been taught that, whatever the calling they are engaged in, they are not *entitled*, and should not claim an amount of pay, that would be accorded a man for the same labor, and thus many who by nature and education have become fitted for some of the duties of the physician, have declined to engage in that calling, because the community would not pay them enough to ensure them a support.

It is to be hoped, that the time will soon arrive when service in the sick room, whether as nurse or physician, will be better appreciated than it is

at present; and when the *people* will be able to judge between the ignorant pretender to science and skill, and the person who is really deserving the entire confidence of the public. To ensure the advent of this period it is necessary that those who are qualified should take upon themselves the task of *teachers*, and use all proper methods of reaching the minds of the public.

CENTRAL MEDICAL COLLEGE.

The Spring Course of Lectures in C. M. College proved a very pleasant one, and to those in attendance, we believe also very profitable. Although our numbers were not as great as during the winter past, they were still large in view of the immediate succession of the Course on the regular one for the year. All things passed agreeably. In fact, harmony and mutual interest on the part of all, toward all, seem about to become proverbial among the classes in our Institution. And while we are obliged to keep up a "running-fire" with our Allopathic contemporaneosities, and while too many of the veterans in the Eclectic ranks have not paid sufficient heed to that goodly admonition of the nursery,

"Let dogs delight
To bark and bite,"

it is certainly pleasant to gather ourselves and those that be "of us" into the College term-time, as into an *oasis* in a great desert, or a green island in a tempestuous sea! We look forward with satisfaction to the coming Winter Session, concerning which we have already had many inquiries, and a fair share of promises of attendance.

The closing exercises of the term just past were held in the College Rooms. After the Degrees were conferred, an excellent and well-timed Valedictory Address was delivered by F. A. WAUGH, M. D., a member of the Graduating Class, and the exercises closed with the presentation of the premium ordered by the last meeting of the State Society, and which was awarded to Mrs. M. C. MERRICK, M. D., and with remarks by members of the Faculty.

The following are the names of the graduates, with the subjects of their respective Theses:

NAMES.	THESES.
ANSLA F. BOWEN,	Pathology and Hygiene.
GEORGE A. CARSON,	Medical Science.
Mrs. MYRA K. MERRICK,	Chemistry in its relations to Medical Science.
OLIVER G. PRESCOTT,	The Physician's Duties and Responsibilities.
FREDERICK A. WAUGH,	The Laws of Nature.
	<i>Eclectic Journal of Medicine.</i>

A FEAT IN CHEMISTRY.—During a recent lecture delivered by Professor B. Silliman, Jr., in New York, he solidified carbonic gas. This was effected by bringing sulphuric acid in contact with carbonate of soda, in a strong iron vessel, capable of resisting an expansive pressure of *thirty four atmospheres*, or 510 pounds to the inch! Prof. S. states that this experiment had been given up entirely in France, in consequence of the bursting of several iron vessels, by which several persons had been killed. But he stated that the iron vessel used on this occasion, had never been known to burst, and the experiment was considered not at all dangerous. As the liquid (it being in a liquid state in the vessel) was drawn off, a large portion instantly evaporated, and by the evaporation reduced the remainder to the freezing point. In this way several pounds of solid carbonic acid was obtained. It had the appearance of the whitest snow, and was so cold that by holding it only three seconds the hand would be frozen. He placed a portion of it around a long vessel containing mercury, and froze the mercury solid! The mercury was then taken out and hammered like lead.—*Albany Register*.

VEGETABLE SERPENT.—According to some Italian journals, a new organized being has been discovered in the interior of Africa, which seems to form an intermediate link between vegetable and animal life. This singular production of nature has the shape of a spotted serpent. It drags itself along on the ground; instead of a head, has a flower, shaped like a bell, which contains a viscous liquid. Flies, and other insects, attracted by the smell of the juice, enter the flower, where they are caught by the adhesive matter. The flower then closes and remains shut until the prisoners are bruised and transformed into chyle. The indigestible portions, such as the head and wings, are thrown out by two spiral openings. The vegetable serpent has a skin resembling leaves, a white and soft flesh, and instead of a bony skeleton, a cartilaginous frame filled with yellow marrow. The natives consider it a delicious food.—*Ex.*

WATER DRINKING.—Prof. Stillman closed a recent Smithsonian lecture in Washington, by giving the following sensible advice to young men.—

“If, therefore you wish for a clear mind, strong muscles, and quiet nerves and long life and power prolonged into old age, permit me to say, although I am not giving a temperance lecture, avoid all drinks but water, and mild infusions of that fluid; shun tobacco and opium, and every thing else that disturbs the normal state of the system; rely upon nutritious food and mild diluent drinks, of which water is the basis, and you will need nothing beyond these things, except rest and due moral regulation of all your powers, to give you long, happy and useful lives, and a serene evening at the close.”—*Ex.*

PART III.—EDITORIAL.

THE ESTABLISHMENT OF MEDICAL COLLEGES.

Something over a half score of years have passed since the establishment of the medical department of the Worthington College, in Ohio. The school, by its opposition to the restrictive policy of the old established institutions, its choice of the Baconian philosophy, and the maintenance of freedom of thought, was well entitled to the designation of an Eclectic institution. This we have been disposed to regard as the first well organized medical institution in our country, advocating the favorite principles and views of those who gave origin to, and have sustained the National Eclectic Medical Association. Since the establishment of the Worthington school and its removal to Cincinnati, institutions applying to themselves the name Eclectic, and claiming the same liberality, have made their appearance in various parts of our country. Many, if not all these, were of premature birth. Those who gave them birth were as ill fitted to give them life and healthy nourishment, as were the ignorance and prejudice of the public at large. Two or three of these, by great care and sacrifices on the part of guardian friends, still survive, show yearly more vigor, and promise for their future, health and longevity.

But what admonitions are given in the fate of others, as the Petersburg School, in Virginia, the Memphis School, in Tennessee, and the Louisville School, in Kentucky? These several movements survived briefly, and died unwept. The reasons are obvious. Those who originated them not only greatly mistook the real wants of the profession, but were, with perhaps a few exceptions, unfitted by their deficiencies in intellectual and moral stamina, and sound medical philosophy, properly to instruct and win the favor of those who aspire to eminence in the profession.

Notwithstanding the unpleasant fate of so many ill-timed and superfluous college movements, and the very evident fact that the welfare of the cause at large demands a reduction instead of an increase of the present number of Eclectic schools in our country, many are still laboring with remarkable zeal to start new and separate college interests. To accomplish their ends and satisfy an ambition to be known as *Professors*, without any correct appreciation of the labor, the talent, and sacrifices necessary to build up and sustain institutions of the kind, even under favorable circumstances, they are constantly worrying their friends with meetings and conventions, and are laboring to enlist the cooperation of enough of the less wary and suspecting in their various localities to make sure their prize.

Many who give their influence to, and labor to erect, new colleges, act from honorable motives, but the motives of others are mercenary and selfish. The interests of other institutions and the cause at large are not consulted. In fact, many seem to have no fixed views of what name or party, or particular interest they would represent, and are anxious only

to help themselves to the *honors, ease and opulence* of professorships. O, the "loaves and fishes!" We are very sorry to see some who have expressed, and do occasionally still express to those of Eclectic preferences, great satisfaction with the Eclectic principles of policy, counting, when occasion presents, the favor of Physopaths and others, by denouncing the cause of respectable and rapidly increasing Eclecticism, as decidedly allopathic in its character and tendencies—a no-system reform, etc., etc.

Whether ignorance or dishonesty instigates the course of such, a timely and well-meaning rebuke seems equally necessary. As to those who charge Eclecticism with having no fixed principles distinct from those of Allopathists, we have only to say, we hope that before they manifest farther such culpable ignorance, they will examine the annual addresses of the National Eclectic Association, in which our principles have been set forth. We hope they will attend the annual meetings of this Association, or the lectures of some Eclectic institution, and become acquainted with intelligent graduates of the same. **ELECTICISM HAS WELL-DEFINED PRINCIPLES**, and none should prejudge or condemn, until they have examined them. Too many regard the Eclecticism of our class of reformers as an indiscriminate selection of remedial measures, without any fixed principles to control us in our choice. This is truly a great and fatal error. We hope the time is near at hand when our friends and our enemies will understand us and our object better. The facilities for such knowledge are becoming more abundant. Those who call themselves Eclectics should do so understandingly; and those who think Eclecticism has no principles and no system, we kindly urge to look about themselves. They will find such most definite and unmistakeable. Will such persons please examine, and if they cannot endorse them, please withdraw to Physopathy, Allopathy, Hydropathy, or some other exclusive system more in harmony with their individual views. We would that they were either hot or cold.

To those who would start, or see started at present, new colleges, we would say, count well the cost. Every effort of the kind which fails injures the established institutions, and the cause at large most seriously. Unless you are prepared to labor long and diligently, and at *great pecuniary sacrifice*, engage not in the matter. If you engage all this is in reserve for you, at least so says the experience of those who have made the attempt.

L. C. D.

We find the above article in the Eclectic Journal of Medicine. We agree in the main with the editor upon this subject, but as this question of New Schools has been a fruitful field of trouble in the ranks of the faithful, it would perhaps be as well to touch the subject as lightly as possible. We make it a matter of principle to protect our own rights, as well as to defend our own works. We allow no one to impugn or put their construction upon our motives or acts, any further than those of a public character will justify. This is our only reason for referring to the above article, and we would not now, but the same remarks have been made several times before, and that too by those who had no

reason for indulging in any such feeling. As to the Petersburg and Louisville Schools we know but little, but if we are correctly informed, there never has been a full course of lectures of four months with a full faculty delivered in either, and I am not certain that the Petersburg school was ever fully organized. Now we can assure the editor that he knows but little about the Memphis Institute, yet his remark that they "died unwept" may all be true; but one thing we know, that is, whether the school at Memphis was called for or not, *no Eclectic College* ever had the patronage or support that this had in its beginning, and for the two years it continued. Our second session numbered 47, of whom 37 paid the full course \$125 each, the others took a part of the tickets only, about twenty-eight of the thirty-seven were second-course students, having attended their first course at the Louisville University, New Orleans, Charleston, and St. Louis. We were in possession of the best college edifice in the United States: either of the rooms would accommodate four hundred students, all furnished by the city free of charge, with a fine influence in its favor. This institution done as much for the dissemination of Eclecticism by the means used as any school in the same length of time. The location is in every respect desirable for such an enterprise, and it is now our conviction that Memphis is the best point for a Medical College, West or South of Cincinnati, for there, like other large cities, the students can obtain anatomical material in abundance, and that too without having to pay the expense of importation from larger cities, as has to be for many of our interior Colleges, but where it is plenty and cheap, the student is a great gainer, that, too, saves the desecration of private burying grounds, as well as the danger of mobs from dealing summarily with such wilful offenders as in times past.

Whether other schools have been more successful in their beginning than this was, I cannot say, but we find by referring to the catalogue of the Eclectic Medical Institute in this city that it did not have this number of students before its third session. It may then be asked why this Institution was let "die:" our answer is, the Faculty of the Eclectic Medical Institute, at Cincinnati, desired the assistance of a part of the Faculty of the Memphis Institute; also, a union of these Schools, believing it best to have but one principal School for the West and South for the present; they made arrangements for five of the latter Faculty at Cincin-

nati, but four only accepted, Professor William Byrd Powell preferred to retire from teaching, and did not accept. Thus it may be said that the Memphis Institute moved to Cincinnati, for it then ceased to exist. Since which time, however, the same charter has been used, and a partial organization has been had as an Allopathic school, but which we learn has not been, nor will it be, able to accomplish much. And now our Northern brethren will see that a union of these schools has been productive of good, and as we have been thought "dead," you will not in these days of "spirit rappings," think hard if a friend among the departed communicates with you, but if he did he would say, "unite, unite," make one or two mighty schools if you can in the North, this will protect the interests of the cause, and will roll back the flood of medical despotism which Allopathy has spread throughout the land. We will work in the West and South, and once a year, as this appears to be our glorious privilege, we can meet and have a general review of all matters pertaining to our work of reform.

We feel no disposition to arrest the progress of any reform or school, the world is large enough for all, if not, some may labor for the "rest of mankind." There are various wings of this reformatory movement, and at this time there is a more friendly feeling existing, a greater disposition manifested to form one general bond of union than ever before known. Nothing would be a greater achievement than to see all the reform schools and physicians to adopt one general platform (as this is a day of platforms), based upon true Eclecticism. This would encourage all to work harmoniously for true reform.

N.

EXTRACTS FROM CORRESPONDENTS.

Dr. W. H. Brown, of Lordstown, Ohio, writes, July 12, 1852:

"The health of this county is good at present, though I have as much business as I wish, as all Eclectics may have in this region. The old blood-letting and mercurializing system has but few advocates (except the Doctors,) on the Western Reserve, I assure you. Prof. B. L. Hill, called on me last week; he is in good health, and fine spirits; he claims to be both Eclectic and Homœopathic; says he cannot get along without many of the Eclectic remedies; infinitessimals will not do with him in a great many cases. He visited some patients not far from here, and advised very large doses of medicine."

This corresponds with our views of Prof. Hill's Homœopathy, for during last fall he remarked to me that he had never tested "*it much in obstetrical practice.*" And it is well known that his practice generally speaking, up to the time he left this city, was upon the Eclectic plan, as his prescriptions now on file in *our several Drug stores* show.

N.

Dr. A. T. How, of the last winter's graduating class, writes from New Orleans, July 10, 1852.

"DEAR SIR :—I am located as I expected before leaving Cincinnati—at Mr. Bebb's—and I am very well pleased so far. I have had considerable to do, and have been as yet quite successful. Restored two children to health, who were afflicted with an epidemic disease, which had proved fatal in every case, so I learned. The physician in the place losing eight, and as many lost by physicians from the other side. This circumstance has made considerable in my favor. The difficulty was congestion of the lungs succeeding the measles—and can you think it possible, that reputable physicians in the great city of New Orleans, would cross the great Mississippi, in the nineteenth century and prescribe calomel for this affection, as long as the little sufferer had strength to swallow it—this is even so—I kept up instead, slight nausea, which gave freedom almost instantly to the lungs, while diaphoresis and general relaxation was carefully kept up until their convalescence, with the warm bath, artificial heat, etc., arguments to the diaphoretic influence of the nauseants. This controlled the disease like magic."

We extract the following from a communication of Jas. F. X. M'Closkey, M. D., dated Philadelphia, July 17, 1852.

"DEAR SIR :— * * * * The superiority of the Eclectic system over the Aoid llopathic practice, has not been so readily admitted by myself and others, hitherto; yet when the most positive evidences of its *real superiority* has been repeatedly manifested, it is unjust and ungenerous to withhold merited commendation.

My attention has been directed to the investigation of the Eclectic system. After close and critical scrutiny of its principles and rules governing its practice, I unhesitatingly confess it to be superior to any system now extant. The secession from the old opinions propagated by my *alma mater* was at first somewhat difficult: yet the positive evidences, that calomel was not the Sampson of the *materia medica*, were incontestible. I will not trespass upon your time in detailing the course pursued by me in the treatment of cases similar to those in question, suffice it to say, that

a strictly (orthodox) Allopathic course has been followed for the last eight years. Permit me to offer as an opinion, that many Allopathic practitioners are deterred from the investigation of the Eclectic system of medicine from the mistaken idea that it is nothing more than masked Thompsonianism, aided by Homœopathy and Hydropathy, and that its object is the subversion of every principle of Allopathy. The late valuable Dispensatory, published in your city, has done much to dispel such erroneous impressions; and it is to be hoped will induce many (as in my own case), not to prejudge the system as erroneous before hearing the testimony in its favor. Apart from this digression I desire then to make some atonement to Eclectic medicine for my past neglect, and would solicit the columns of some established and respectable journal for communicating the result of my experience not only to my professional brethren, but to the community at large. One of the most interesting cases is that of chlorosis—indeed all to which I would refer pertain particularly to females and children—a case of scarlatina resisting nearly all the old established Allopathic remedies, will, I am assured, be of benefit to the profession.”

CORRECTION.—A very serious error was allowed to pass unnoticed in the April number (1852) on page 158 and 159. We hope that the readers of the Journal will all mark these prescriptions, as some may use it without noticing the correction, we will now give both recipes again :

Incorrect.—℞. Quassia excels., 3ss.;
Magnes. Ustæ, 3j.;
Aq. Bull., Oj; M. f. infus.

Correct.—℞. Quassia excels., 3ss.;
Magnes. Ustæ, 3j.;
Aq. Bull., Oj; M. f. infus.

Incorrect.—℞. Potass. cyanide, gr. ij.;
Ext. bellad., gr. j.;
Aq. camph., f 3 ij.;
M. S. f 3 i. quaque sexta hora.

Correct.—℞. Potass. cyanide, gr. ij.;
Ext. bellad., gr. j.;
Aq. camph., f 3 ij.
M. S. f 3i. quaque sexta hora.

Incorrect.—℞. Vin. colch., f 3 j.
Tr. nuc. vom.; f 3 ij.
Tr. belladonnæ, f 3 j.
Aq. puræ, f 3 ij.; M. f. sol.
S. f 3 j. every six hours, and continue the lupulin.

Correct.—R. Vin. colch., f 3 i.
 Tr. nuc. vom., f 3 ij.
 Tr. belladonnæ, f 3 j.
 Aq. puræ, f 3 iij. M, f. sol.
 S. f 3 j. every six hours, and continue the lupulin.

ANOTHER CORRECTION.—In the article on the *Treatment of Cholera*; on page 325, of the July number, instead of the *Plantago Major*, or common water plantain, as given in the remarks of Dr. Hunt, it should have been the *PLANTAGO CORDATA*. N.

NEW BOOKS.—We have received from Lea & Blanchard Philadelphia, the Lectures on the Principles and Practice of Surgery, by Bransby B. Cooper, which we will notice in our next No.

CROAKERS vs. E. M. INSTITUTION.

Our readers will remember that last fall one who pretended to be very friendly to our Institution, took occasion to say many smart things about our school—that there was no organization, no harmony, and but little prospect of the Institution being able to hold another session; at the same time informing the public at large, “and the rest of mankind,” that then was but one Eclectic Medical School in the United States, and that had its location in a city South of Cincinnati, at the same time inviting all students to come there at once. This tirade of misrepresentation was refuted promptly at that time. The effect it had on the minds of the friends of the school was not what the sapient editor wished to produce, for the condition of the Institute was never more prosperous, as the report of the winter and spring classes show, there having been 212 matriculants. And now we see that the same parties have issued another “bulletin” stating, among other things, in regard to our Free-School movement, that “the belief is it will not be continued more than the coming winter session.” To this we will say that all such croakers are at liberty to say what they please, for so long as they are understood they cannot injure the Eclectic Medical Institute, and our only object of noticing this oft-repeated slander is, that our friends may be placed upon their guard. We attack no persons or institutions belonging to the New-school organizations, and those who wish to build up themselves and their schools by such a course will soon meet their merited reward, and if we are not mistaken in this case.

some are already suffering a little chagrin and mortification at their abortive efforts to establish the only "True Reform school" in the United States, by destroying the Eclectic Medical Institute of Cincinnati. We pity such persons for they are the subjects of a blind delusion; to such we would recommend to peruse Don Quixote with care, and perhaps in this they may find a true reflection of their gigantic minds—and like the distinguished character of that *able* work, see the folly of their ways and cease to strike or war with a supposed enemy—the Eclectic Medical Institute. Now friend C., let your Southern chivalry prompt you to more noble deeds.

X.

IN TROUBLE AGAIN.

Our old neighbor, the Ohio Medical College, is in deep trouble again, as usual, in consequence of a "few young outsiders with Prof. R. D. Mussey at their head," having organized another Medical College (Old School), in this city, with the full determination of running a tilt against the "old war-horse," with what success time will reveal. But we must say that we never have seen a more belligerent feeling manifested between medical men than is commenced, in this case, crimination and recrimination is now the watchword. We consider it a shame for medical men to act in this way. Why not allow all men who are pregnant with medical lore to be relieved by the provision nature has made for such cases? Why have not these "other men" the same right to teach the use of calomel and blood-letting as the Prof. of the Ohio Medical College. So far as we know there is no difference in practice among Old-school physicians, and we know there is no *difference* in their teaching, it is one and the same thing. Hence, we say, be quiet, and let the "other schools" go on. We say go on "young men," the victory is not always to the strong.

As we once heard one of the present faculty of the Ohio Medical College say, in the National Medical Convention, that he had been connected with, and turned out of more medical colleges than any other man in this country, we are induced to inquire if his late politico-medical movement is not the cause of this difficulty. There certainly appears to be some fatality attending all medical colleges that Prof. Drake has anything to do with.

We are truly sorry that Professor Cobb should be brought into this difficulty by the influence of those who have neither stability or influence, and no higher aims than selfish gratification. He

was connected with one of the most flourishing school in the West (Louisville); why he came to this old, sinking, and ever-source of war and trouble among the Allopathics of this city, I cannot understand.

Thirty odd years of legislative action with exclusive hospital privileges has barely kept it alive, and now, as there are two other Allopathic schools in the city, and a fine prospect for another this winter, we have no doubt but their gradual decay will continue, until we wake up some morning and find it has departed this mortal existence in much pain and suffering. A friend at my elbow suggests that these "other men," or some other men of a more liberal and progressive school of medicine are snugly occupying the fine tenement, made desolate by the death of its former occupants. This is, in our opinion, the tendency to which this movement is fast leading, and such a movement, too, will ever receive our warm and hearty cooperation. The finale will be, the opening of the Commercial Hospital to all medical students of the several schools in this city.

N.

JOURNAL OF ORGANIC AND MEDICAL CHEMISTRY. Designed for the student, the physician, and the people. Edited by William Elmer, M. D. and A. D. Hendrickson, Chemist. New York: published monthly, by B. Brown Williams, M. D., 506, Broadway.

We have received the first No. of the above work, its typographical and mechanical qualities are complete,—fine paper, 32 pages, and a cover, and published monthly, at \$2 per year. This work is well worthy the patronage of every Eclectic physician. As we consider the importance of the work merits a lengthy notice we extract the introductory notice, and in our next number will extract several articles.

N.

The leading object of this publication is to supply the student, physician, and reading public with a succinct treatise on the Science of Organic and Medical Chemistry, with its relations to analysis, hygiene, the principles of foreign and indigenous plants, and the cure of disease.

Works on inorganic chemistry are numerous, while but very few have appeared on organic and medical chemistry. Indeed, until within a few years but little attention has been bestowed on the subject. The standard works on Chemistry and *Materia Medica* have only superficially noticed the active principles of a few vegetable remedies. Prof. Liebig says, "few of these have been sufficiently examined, and the whole subject requires a thorough investigation, which would certainly throw much light on organic chemistry."

No period in the past has been more prolific in valuable discoveries

than the present; and we think that we are justified in saying, that in no former age has more desire been manifested for thorough and critical investigation in every department of knowledge. There are, nevertheless, scientific subjects involving the highest interests of mankind, that have not been sufficiently examined, and spread out before the eye of the public. A knowledge of Chemistry applied to Medicine is of the highest importance in the treatment of disease. Its nature and influence on physical and mental health and an acquaintance with the means best adapted to prevent disease, alleviate pain, and cure the sick, are surely worthy of patient research, diligent and untiring study.

The great reason why chemistry has not become more generally a branch of popular education is, that it has ever been considered exceedingly intricate, mysterious, and incomprehensible. The difficulty, however, lies not in the subject itself, but in the character of the teaching, and in the text-books usually employed. Works on chemistry for the most part lack simplicity, and so abound in useless chimerical and symbolic language, multiform characters and formulæ, as to render them repulsive, and are as "sealed books" to all who are not thoroughly acquainted with the nomenclature of the science.

This Journal, as our title-page indicates, is intended not only for the *profession*, but for the *people*. The time has come when physiology, chemistry, botany, and other branches of natural science are beginning to be taught in our public schools. The rising generation will better understand the laws of health than our fathers have done. The public generally are beginning to think and act for themselves, not being fully satisfied to follow every new notion or theory that some new theorist is disposed to palm off upon them. This is just as it should be. And to do what we can to promote this state of things, we shall aim to adapt our matter and style, especially Part Second of each number, to this class of the community. What we mean is this: we shall avoid, as much as possible, technicalities, long, unmeaning phrases, that only tend to confuse and fog the mind, and thus create a disrelish for scientific reading. The illustrations, as far as the subject will admit, will consist of references to what is familiar to every person of common observation, leaving theories and speculations to those who delight in them.

Writers upon any department of knowledge essential to a medical education, and especially in this exacting age, should strive to make it as clear and easy of attainment as possible. In this connection the following observations, taken from the *Boston Medical and Surgical Journal*, are not irrelevant:—"It is one of the misfortunes of the times, that we waste much of our lives, at the very commencement, in learning the *names* of things, instead of the *things themselves*. In learning the exact sciences embarrassments are sometimes thrown in the way by the very persons who teach and expound them. In chemistry, this is particularly the case. Efforts should be made to render this study more charming to the American student." The truth is, that, with a profusion of words, there is but little teaching on the part of teachers; and with much toil, there is but little advancement on the part of students.

No wonder, then, that under these embarrassments the study of chemistry should be avoided, or considered dry and irksome; nor that the little which the student does acquire, should be forgotten almost as soon as he leaves the lecture room or closes the door of his study.

THE
ECLECTIC MEDICAL JOURNAL.

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September, 1852.

No. 9.

PART I.—ORIGINAL COMMUNICATIONS.

MEDICINE—IDEALLY AND REALLY; OR. MEDICINE IN
REVIEW.

BY G. W. L. BICKLEY, M. D.

REVERSING the order of the text so as to fully prepare the mind of the reader for the liberal views I shall advocate, it will be a duty to hold in review the science(?) of medicine as it tenaciously clings to the world, notwithstanding the light which is now beaming from every crevice in the moral kingdom of human intellect. I am well convinced of the impression which the article must have upon those who entertain opposite views to my own; and know very well that I shall not raise myself in the estimation of such, so far as appearances indicate feelings. But when the honest and intelligent physician shall withdraw from the world of prejudice which surrounds him, and retire to his closet, where bright Truth may, by shining in her pristine glory, attract attention, the liberal policy I shall advocate will gain his respect; and though he may frown at my views in public, he will cherish them in secret.

Experience has taught me to conclude thus from parallel cases. If this shall be a true prophecy, it will at once be seen that no little moral courage is necessary to promulgate the liberal policy of this enlightened age. Were the views here inculcated reversed and sent to a different channel to find entrance into the world, they would place me in a very different position, in the estimation of Old-school physicians. These remarks are made only to

show that I am fully sensible of the conflicting opinions which must be brought to bear upon the truth of the statements which I shall make.

I have long been an anxious observer of progressive medical science, and, therefore, feel that I am not treading on strange ground. Every fact or statement I shall make, I am fully prepared to sustain before the enlightened people of this age and country. Did I not see occasion for the article, I am confident it would not be suffered to go before the public; as the labor of preparing a paper would be an extravagant price for its perusal in type. But for the trouble of preparing it, I should conceive myself highly remunerated by the consciousness that I am laboring to bring light where darkness has lasted for centuries; and that the veil of mystery so long spread over the first of human sciences, can be removed, so that *every* man may observe the deformity of a science, naturally clothed in beauty, but deformed by illiberality and selfishness until no mark of its once beautiful features can now be traced. Then, an honest desire to do good to suffering humanity alone actuates me; and let no man say selfish motives impel my pen.

To discharge the task before me, I must give a concise history of medicine from its first appearance as an art among men to this time. In this way only can I show up medical science *as it is*.

It is highly probable that the healing art sprung from the impulses of instinct: many thousand reasons might be given for arriving at this conclusion; *e. g.* he whose body was first fired with fever would likely throw himself into some cool pool, or retire to a place where the degree of temperature was much lower than that usually surrounding him. Such, is, at present, the first impulse of the untutored savage of the American forest; and as human nature has ever been the same when uninfluenced by external circumstances, the conclusion is decidedly that which would be sanctioned when applied to other conditions of human action. The example thus set, and aided by natural impulse or instinct, would be followed by the next person similarly affected. At a somewhat later period—say, after the establishment of the priesthood—the healing art was confined mostly to the priests; who, seeing the power it gave them over the ignorant masses, carefully concealed the manner they came by the knowledge which they pretended to possess, by mixing with it enchantments un

lawful for any to practice but themselves. It is, therefore, seen that the practice of medicine by the priesthood was but the veriest form of charlatanism : because none of us like to acknowledge our ignorance. So we may conclude, that the priest who began to prescribe, because he saw the extra importance which it gave to him as one of a community, would hardly acknowledge that he was ignorant of any case brought to him. If the inference is correct, the priesthood, no doubt, prescribed in *every* case; and in many without the least knowledge of the effect which would be produced. If the person recovered, of course, the same remedy, under similar circumstances, was again brought into requisition. Acting thus, and aided by robust constitutions, it will be seen that they must necessarily acquire great reputation. As the priesthood was, to a certain extent hereditary, so was the practice of medicine; and the same may be said to be true at the present time, injurious as it may be. That the priesthood arrived at something like eminence is plain enough from the fact that it was an uncommon thing for a priest to prescribe in more than one class of diseases. This proves very conclusively that he who most excelled in a particular branch received most of the practice in that class of diseases which brought it into requisition. The same is true at the present day. It seems to have been a wise arrangement to place this art in the hands of the priesthood : because their vocation was such as to afford them opportunity for reflection ; besides bringing them in contact with human nature and disease in all their forms. Like their theology, however, medicine in their hands gave them importance only so far as mystery could be made to operate on the imaginations of those around them.

Several works throw light upon the state of medicine at an early day, but until we are satisfied that the writers were much more advanced than those of their time, we should place but little reliance upon their statements. We are not to suppose that they escaped the superstition of the early ages ; yet they might otherwise have given truthful representations.

The most enthusiastic friends of the antiquity of medical science do not usually date back farther than the time of Hippocrates, as the era of perfection in the healing art. I would not be understood to mean that medical science was so perfected as to merit what would now be required of a science ; but as many

look on Hippocrates as the Father of Medicine, they, of course, indirectly contend that he reduced the healing art to a *science*.

The truth is, that Hippocrates is no more entitled to be called the Father of Medicine than some of the Egyptian priests and magicians ; for much of his knowledge was borrowed from them. That he should have improved upon them is to be expected from the progressive tendency of human nature ; he was, more than likely, a man of much talent, and had he lived in the present age, blessed with his superior intellect, he would, in all human probability, have improved the systems and theories of this age as much as those of his own. Admitting the received opinion upon this subject, we may say, medical science rose in Greece about the time of the Trojan war ; and that most of those who were engaged in the practice of the healing art were natives of Africa and Asia. Medical science was ushered into existence amid ceremonies and incantations, and the same god-parents still hover around it. It was begat in ignorance, born in mystery, nursed in illiberality, and cultivated in bigotry. All this is seen by viewing the character of the first native Greek physician, *Chiron*.

Chiron, who was probably a prince of Thessaly, taught medical science to the Argonauts thirty-one centuries ago ; and we may reasonably conclude from the present state of the science, that it was a tremendous system of charlatanism, that he could impose upon the superstitious ones who received instructions from him ; or that medical science has fallen far short of keeping pace with other sciences of more recent date. *Chiron* was, perhaps, a surgeon, and but little more, while his pupil, *Æsculapius*, attained something like eminence during his life as a practitioner. The Greeks paid a superstitious reverence to him, and finally converted him into the *God of Physic*. The temples built to his memory by the Greeks, and mentioned by many of their best writers, are the only evidences we have of his skill. His temples were so frequently the resort of those laboring under disease, that they soon wore the appearance of hospitals, or we might say, they bore a strong resemblance to some of our watering places in modern times.

It is probable that the remedies used by *Æsculapius* and his descendants, in whose hands the healing art remained for ages, were of the simplest kind, taken principally from the vegetable

kingdom, and in no instance from the mineral. After the age of the *Asclepiades*, a long blank occurs in medical science. This was, no doubt, owing to the failure of the practitioners to operate so successfully upon the imagination as had *Æsculapius* and his sons, *Machaan* and *Podalirious*. The little truth which had been brought to light by these men was carefully concealed by their descendants, who had charge of the temples erected in honor of *Æsculapius*; their object being, no doubt, the acquirement of gain and the satiation of a peculiar ambition known to a few others than their followers in this age. The first schools of medicine were the *Æsculapian* temples, and the first professors the priests. It is generally supposed that Hippocrates, who flourished next in turn to the *Asclepiades*, and who was educated in their schools, made much use of their records in forming his theory and system of practice.

The rivalry and sectarian spirit of the present age may be traced back to the schools of Cos and Guidas, two *Æsculapian* temples. But semi-barbarous as they were, I doubt very much whether their rivalry was so bitter and implacable as those of our own day and time.

It might have been proper to have noticed Pythagoras before referring to Hippocrates; but as he gave most of his attention to the acquirement of natural knowledge, or a knowledge of natural sciences, it would be attaching an importance to him which should not be contended for: Pythagoras was a philosopher, but not a physician, in the full acceptation of the term,

It is to the works of Hippocrates that I shall resort to find the budding of Anatomy, Physiology, Pathology, and Practice. In noticing the different theories as they rise their correctness will be tested.

Hippocrates, like other Pythagoreans of the school of Heraclitus, held that fire was the prime origin of all matter. This doctrine lies at the foundation of all his medical hypotheses. He believed in a natural principle which influenced every part of the frame, superintended its motions, possessed a kind of intelligence, and tended to produce a healthy equilibrium in the system. The body itself, according to him, was composed of the four known elements, differently combined in different individuals. Here was a foundation for the four temperaments, received to a certain extent even till the present time. I shall not,

for want of space, trace his physiology into its various ramifications ; though by so doing I should most easily show that Hippocrates had been much influenced by the mystical school of Heraclitus.

Hippocrates first taught the doctrine of Humoral Pathology (the doctrine of the fluids), which gained credence until the beginning of the eighteenth century. He taught, also, the doctrine of periodical crises,—likewise acknowledged to the present time. His knowledge of anatomy was, perhaps, little superior to that of his contemporaries. Thus it will be seen at once that his system of practice must have been quite imperfect. Notwithstanding all this, I am willing to admit that Hippocrates rose like a star of the first magnitude, to cast beams of light and truth on the dark age in which he lived. Then let all honor the name of a man who, with the little light around him, touched medical science only to beautify it. It is true that he taught much error, but we should respect him for his boldness in promulgating what he *believed* truth.

Chrysippus attained to some eminence ; but as he was not of the *Regulars*, or *Asclepiades*, he met with stern opposition. For his innovations in practice he was regarded by the family of *Asclepiades* as a *Regular* (?) would now regard a Reformer—a *quack*. He differed from the school of Hippocrates by denouncing bleeding, and the administration of very active cathartics. Hence, he may be regarded as the first reformer of medicine. The Dogmatic or Hippocratean school was for a long while regarded as the regular system of practice, none others being respectable. But from the very nature of its construction it will be readily seen, that ignorance and presumption would soon enter pretty largely into its composition. Such being the case, the Dogmatists were soon opposed by the followers of *Chrysippus*, who were, by the Dogmatists, contemptuously styled *Empirics*. Let us, for a moment, notice the Empiric of former times, that we may discover whether any traces of the sect still remain. But before proceeding, allow me to state, that all the sects of the present age may be traced to one of these schools. The Hippocratean or Dogmatic school embraced all who were then termed *Regulars* ; and, as a matter of course, all who have since made innovations upon the doctrines of Hippocrates are, to all intents and purposes, *Empirics*. The difference between the Dogmatic and Empiric theories has been given. I have shown how and with whom

Empiricism (according to the views of the Dogmatists,) started. It is now a duty to show what became of the two sects thus early arrayed against each other.

It was not a hard task for the school of Chrysippus to disprove the doctrines, or a part of the doctrines, of the Hippocratean sect. Hence they rapidly rose into importance, and became the greater of the two branches of medical science.

Under the Ptolemies, the Alexandrian school became the principal seat of learning. Among its professors were Erasistratus and Herophilus, two pupils of Chrysippus the Empiric. Though our knowledge of the personal history of these two men is very imperfect, I feel warranted in saying they were more advanced than others of their time, or they would not have been placed at the head of the first medical school in the world. Besides, it is generally acknowledged by all schools and sects at the present day, that they were eminent in comparative anatomy. Soon after the establishment of the school at Alexandria, the science of medicine (if the term may be used) was divided into different branches—a movement very conducive to the progress of medical knowledge.

[TO BE CONTINUED]

NUPHAR ADVENA.—YELLOW POND LILY.

BY W. WEBSTER, M. D.,

XII. Class. I. Order.

This plant, although possessing the most valuable medical properties, is but little known to the majority of the medical profession. The most eminent medical writers have not even given it a passing notice. The *Nuphar Advena* is found in nearly all the Western States and in some parts of New England; but it is more abundant in the Miami Valley, than anywhere else.

It flourishes in wet swampy lands, and a considerable quantity of it is growing along the banks of the Miami River.

It bears a close resemblance to the White Pond Lily, (*Nymphae Odorata*) but the former is much larger and the flower is yellow.

The root is larger and spongy, growing sometimes to the length of ten or twenty feet, and from one to three inches in diameter.

The flower blooms in July.

Properties.—It is astringent, tonic, discutient and Anti-scorfulous; a specific in the well known disease white swelling.

It has cured the most inveterate and obstinate cases of this disease, of long standing, even where they had resisted the most popular remedies from skillful and experienced hands.

I have been acquainted with its use for the last fifteen or twenty years, and in no single instance, according to the best recollection has it failed to effect a complete and permanent cure, when properly administered.

Scorfulous tumors of every grade seem to yield under its influence like magic. In the King's Evil it has proven itself a sovereign remedy. We have used it in several cases of the latter disease with complete success. In swelling of the Thyroid gland, it has been found to be very effectual.

In old chronic sore eyes, chronic ulcers of every kind, and in fact in every disease resulting from impurity of the blood and scorfulous state of the system, it is unparalleled.

It is generally used in the form of cataplasms, yet ulcers and fistulous pipes should be washed with a strong decoction of the article.

For internal use it is valuable in diarrhoea and all relaxed states of the system, also used as a local remedy in Prolapsus Uteri and Ani. Its alterative properties can be obtained by forming a syrup of it.

Middletown Ohio, August 5th, 1853.

STUDENTS VALEDICTORY.

BY W. SHERWOOD, M. D.

MR. PRESIDENT AND GENTLEMEN OF THE FACULTY:—In behalf of the members of this class, I solicit your attention for a few minutes; a desire to give expression to their sentiments has prompted them to select one of their number to address you in their names and by some unaccountable circumstances this honor has been conferred upon me.

And now that I have undertaken this duty, what can I say that will express the feelings of my classmates and myself under cir-

cumstances so peculiarly interesting ; how can I in an adequate manner unfold to you the sentiments of profound respect, of filial reverence, with which we regard the learned and efficient Faculty of our "Alma mater."

We have sat under your instructions, enjoyed the honor and benefit of your society, and have been allowed access to those stores of knowledge, which your toil has collected, and your experience has tested as truth, and we have been permitted to draw from thence capital with which to engage in the enterprise of professional life. And now we hold in our hands an assurance of your approbation, and generous confidence, which will operate as a bond of union, cementing and perpetuating the interesting relation which has subsisted between yourselves and us, since our matriculation in your college.

And shall I now say that we thank you for the kind forbearance patient perseverance and untiring industry which have characterized your efforts for our advancement? Shall I affirm that, as a class, we unanimously express entire satisfaction with the course of instruction with which we have been favored? I will say more than that. We honor the noble Institution, and we honor its enlightened Scientific and Gentlemanly Professors, and it is with feelings of exultation that we receive at your hands, testimonials of your willingness to number us among the alumni of "*The Eclectic Medical Institute*."

We would not, however, make the impression that we regard our medical education as finished, we consider it but fairly commenced. You have given us a view of the vast field of research which we have entered, have instructed us in regard to the great principles by which as scientific enquirers after truth we are to be guided, you have, in short, taught us all that preceptors can teach, the art of learning ; and for us to profit by your instructions, and to become in any degree proficient in the profession will require of each of us, a course of industrious and persevering study. A judicious writer has said, "When a physician ceases to study he should cease to practice," and the remark applies with peculiar pertinency to the young practitioner ; we intend to be students for life.

We now go forth to the world, candidates for public patronage, and we intend to deserve it, for the land is covered with men bearing the title of "Doctor ;" and some of our friends have expressed

doubts of our success among such a host of competitors. But in the language of one of our American Statesmen, who when young was reminded of the crowded condition of the legal profession, we reply, "there is plenty of room above them." If the advantage of graduating at a college, characterized by energy, science, and liberal principals, followed by a course of persevering and highminded study and practice can elevate us, we are resolved to be above all who cling to the antiquated formula of a routine practice.

And now as recruits in the ranks of "Young Physic" permit us to make a declaration of our faith, to "define our position," as politicians would say.

We are "Eclectics," and if any man ask what we mean by the term, we reply it signifies in *medicine*, what, "Democracy" does in *Politics* and "Tolerance" in *religion*; and we refer him to the pages of history for its illustration. Wherever he shall find men contending for the right to be men, to think, and speak, and choose, and act for themselves he will have its meaning elucidated. Every blow which has ever been struck in battle against exclusivism; every effort that has been made to unshackle the human mind, and let truth contend with error on equal terms; Every drop of blood which has been spilled, every tear which has fallen, and every prayer that has risen in behalf of souls civil, and religious liberty has been in sympathy with the great principal which characterizes our reform.

We are Eclectics and we glory in the name. We had imbibed its spirit before we left our homes, for that spirit is becoming widely diffused over the land. Our fathers it is true were educated in the faith of "Old Physic," and did not dream that what all the world thought right could be wrong. They were of course inclined to follow the beaten track and adhere to inherited prejudices. Still they mourned that so little could be done to foil the "cruel monster." They saw those they loved struck down in a manner not to be explained by the manifestations of disease; and suspicious thoughts would intuitively steal upon their minds that such things should not be.

In the nineteenth century such thoughts are not permitted to fall to the ground and lie there unprotected. The day of reform has dawned and its warmth and light cause thought to germinate and bring forth fruit. And the fruit in this instance is a boon

which shall make the world rejoice. It is a rational system of medical practice which is commending itself to common sense and overcoming the prejudices of mankind. Like every valuable reform however it is opposed with bitter hostility.

When we had seen something of its superiority, and turned to congratulate the physicians whom we had regarded as the guardians of our health, we saw the frown of anger or the sneer of contempt on their face, and heard from their lips language of demonstration against those who had promulgated the new medical faith, and when we were resolved to test the claims of the reform by candid investigation and experiment, we were denounced as the friends of "Quacks" and foes of the "Regular Profession."

Thus the war waged against medical reformers, has been prosecuted to the very hearth stones of private life, leaving us no alternative but to assume the defensive or tamely consent to allow others to dictate to us in regard to our medical faith. This made us Eclectics in private life. We had tested the merits of the new system, by contrasting its results with those of Allopathy in our experience and observation. Of course, then, when we decided to enter the profession ourselves we sought an institution whose halls were open to the friends of medical reform. Many of us reside in the immediate vicinity of reputable medical colleges where we might have matriculated and graduated at much less expense and personal sacrifice than was required to enable us to do so in this institution. But as a prerequisite to admission into those colleges we were required to forsake the offices of our preceptors, (many of whom are graduates of leading colleges in the land,) and tacitly, at least, renounce the opinions we had deliberately formed. We live in the wrong times and in the wrong country to do that.

We therefore came to your institution predisposed and committed to the principle of medical reform. And now, after the lapse of the time prescribe for a full course of instructions: Since we have been induced step by step into the intricacies of the various subjects which make up the science of medicine. Since we have had unfolded to our understandings the rationale of the results which attracted our attention at home, we are prepared to aver that every degree of progress we have made has developed, new evidence of the sterling truth of the doctrines which received our assent originally on the evidence of simple

experiment. We leave the Institution, "Confirmed Eclectics."

We do not, however, go forth to our respective localities, mere representatives of a single idea, nor of a medical party or sect.

We have learned to honor the high minded and scientific authors and practitioners of every school. We have derived much advantage from the labors and writings of medical men entertaining opinions differing widely from each other and from us. We will continue to seek knowledge from every source, and like true "Eclectics," *select* the truth wherever we may find it. All we shall contend for are "Equal rights and free Toleration." On this platform we shall be ready to exchange personal and professional civilities with all. But no scowl, nor sneer, nor anathema, shall drive us from this position.

Such worthy Professors is our confession of faith, and although you have exacted from us *no pledge*, yet we feel it our duty to assure you that the indorsement with which you dismiss us, shall involve yourselves in no embarrassment. We shall in a few hours bid you each farewell, perhaps to meet not again on earth. But wherever we may wander, in whatever spot our lot may be cast we shall carry with us a sense of the obligation we are under to you, and not to you only but to the world, and to Almighty God, faithfully to discharge the responsibility of our profession.

And now my classmates I know you will bear with me if I address a word to you. Very pleasantly have passed our College days. Many are the ties formed here which while memory lasts, will remain unbroken. Unity of sentiment, identity of pursuit, and above all a brotherhood of spirit have bound many of us together too closely for an estrangement to be easily effected.

" Our bodies will asunder part,
To different climes repair,
But still we will be one in heart."

there will exist a bond a kind of Eclectical connection of union, in the reminiscences of our personal interviews, which will enable us to beguile many a lonesome hour with the Society and exercises of the College Halls, We shall remember one another, and I trust we shall hear from each other. The organs of our views will be open to our pens, and I hope these will be a means of perpetuating our acquaintance.

And now let us for a moment realize our position. We have

selected a calling which is burdened with responsibility. We go forth bearing the insignia of the profession and the indorsement of a College to give us access to the confidence of community. We shall ask for patronage and shall doubtless obtain it.

How important that we be prepared to sustain the responsibility which will then rest upon us. In selecting us as medical advisers our patrons will intrust us with interests, compared with which all the wealth of earth is a bubble, their health, their happiness, their lives. We must be thoroughly equipped in the panoply of our profession. Death the terrific fire, disguised in all the protean forms of disease in which he can approach the citadel of life, must be met, foiled in his aim, and compelled to retreat or those who shall favor us with patronage, our friends whose partiality will call us to their bedside, yea, even the members of our households, the objects of our affection, will fall beneath his stroke. And what a bitter thought would that be, which would intrude upon our subsequent days of sorrow; "You assumed a calling without due preparation and this is the tremendous penalty."

Our position as physicians will add to our responsibilities, by extending the circle and increasing the power of our moral influence. No man in a community, except perhaps the Clergyman, wields so much power for good or evil as the physician in full practice. He is the familiar friend and confidant of the families he visits. All look to him for those rules of life which regard the preservation of health, at least, and by a natural association his habits, his language, and his sentiments in every respect are likely to be copied. How great is the obligation for him to square his life by the undeviating rules of moral rectitude. I trust we shall follow the advice of our honored professor to whom we have just listened; and particularly that we shall heed his admonition in regard to intemperance. Let us shun the intoxicating draught which "biteth like a serpent and stingeth like an adder," and let us bid others beware of the ruin that sparkles in the wine cup. Pernicious drugs have slain their thousands, but alcoholic drinks their tens of thousands.

Let us fortify our virtue by the bulwark of a well grounded religious faith. Let us ourselves enjoy and commend to others and especially to the dying and the bereaved, the animating hope of a better life, based upon the glorious gospel of the Son of God.

The physician is also to an important extent, responsible for the intellectual developement of society.

His is called a learned profession and he is expected to be prompt in pushing forward every enterprise for the increase of knowledge and the promotion of science. He is expected to know more of philosophy and practical science than any other man; and to him are referred many questions requiring a correct and familiar acquaintance with scientific subjects. How much is the character of a physician derogated, when he is compelled to confess, or by a blunder demonstrate his ignorance. Let us, my classmates, adopt the motto "whatever man has done man can do, and resolve never to be behind the times in any of the scientific developements of the age.

Especially in those sciences connected directly with our adopted calling, let us be constantly "posted up," and seek to be not only accurate but profound. Let us familiarize ourselves with the history and the gradual developement of the facts and principles which constitute the land marks of enlightened practice. Even the field of polemic medical literature is well worth a careful exploration that we may profit not only by the wisdom, but also by the errors and follies of our predecessors. And not only to the past should we confine our attention. The present should engage our efforts, and futurity should derive advantage from our labors. The Hill of Medical Science is before us. The mists of error and prejudice, congealed by the frost of conservatism have covered its side and its summit with snow. But the Sun of the nineteenth century is melting the snow and cleaving the way for medical reform. Let us enter with boldness the vast field, and push our researches to the very verge of the forest. Let us range the surface with the Botanist, and familiarize ourselves with every vegetable, from monarch oak to "the Hyssop on the wall." Let us accompany the Hydropath to ravines, and bath in the rivulets and take douches in the cascades. Let us estimate with Homeopathic patience the potency of matter in its infinitesimal divisibility. Let us analyze the fossil remains which the successive strata of medical progress have treasured up for our use. Let us wash away the sand, and search for golden truth, from every kingdom of nature let us gather treasures to enrich the cabinet of scientific medicine.

Thus shall we illustrate the principles of our Eclecticism. Thus

shall we assist in the renovation of our profession, and demonstrate the harmony of true science with rational medication. And although the verdict of public opinion has been well nigh written, condemning medical science as a blighting curse, we shall show that science has not been at fault, but that error and illusion, under the guise of "Regular practice" have poisoned her health giving waters, and converted them into fountains of disease and death. And we shall be able to purify those fountains. To go like the Prophet of old "to the spring of the waters," and heal them "that there shall not be from thence any more death or barren land."

Gentlemen of the Faculty pardon me for trespassing so long upon your patience; and permit me now, in the name our class to bid you farewell. You will we trust from your central position observe our cause as individuals and we know you will take an interest in our well-fare. Let us, we beseech you, have the benefit of a continued acquaintance, and of your advice and admonitions as occasion may occur. And may the Great Disposer of events bring us all at last to a reunion" in those healthful regions where "the inhabitants never say we are sick," and where life immortal beams in every eye.

PART II.—MISCELLANEOUS SELECTIONS.

HYDROCHLORIC ACID, AS A REMEDY.

BY G. W. DAVIS, M. D.

I propose in a few brief remarks to call the attention of practitioners to the article, Hydrochloric Acid, as being a valuable remedial agent in the treatment of many forms of disease, especially in derangements of the stomach and bowels, and to give the result of its employment in my own practice. I regard it as a valuable tonic and astringent,* always operating prompt-

* Pereira, Vol. I, page 269, considers this article a laxative. He says it is "tonic, refrigerant, and diuretic," and it "loosens the bowels." In cases of chronic diarrhoea. ulceration following typhus, etc., we may suppose that its antiseptic and antalkaline properties, and the aid it affords in digestion, account for its good effects.—Eds.

ly and kindly, and with perfect safety to the patient, when other remedies have failed to produce the desired result. In nearly all derangements of the digestive organs, where there is a debilitated and relaxed state of the tissues, or a preponderance of alkaline secretions, and not attended with febrile or inflammatory symptoms, I have found the muriatic acid to act with a promptness and certainty not to be met with in any other article.

The first case which induced me to prescribe the acid, was that of a lady, who, six months previous to my seeing her, had an attack of acute dysentery, and had passed the ordeal of the "hard-ware" system of practice, and came out not unscathed, but, with mucous discharges of the bowels, occurring from 6 to 12 times a day. The patient was very much emaciated by the continual drain from the system, with loss of appetite, thirst, dryness of skin, and all the symptoms common to chronic dysentery.

The usual remedies employed in such cases were used for some length of time, with but little if any improvement, when I concluded to try the acid, as an experiment.

One drachm of the commercial acid was diluted with half an ounce of water, and the patient directed to take 20 drops in a half gill of sweetened water every sixth hour. This soon lessened the frequency of the discharges, created an appetite, and in a very short time produced a marked improvement in all the symptoms. The acid was continued for several weeks, but only in sufficient quantities to control the action of the bowels till they recovered their usual tone, and resumed their accustomed regularity. No other remedy was used, and the patient enjoyed a rapid convalescence.

Since using the acid in the above case, I have prescribed it in a large number of cases of chronic dysentery and diarrhœa, besides many other affections, as thickening and ulceration of the mucous coat of the alimentary canal; enlarged tonsils; acid eructations; ulceration of Brunner's and Peyer's patches in typhus; colliquative sweats, etc.; and in my hands the result has been highly satisfactory.

I regard the hydrochloric acid as being far preferable to sulphuric or nitric, in cases where an acid is indicated.

From a somewhat extensive experience with the *muriated tincture of iron*, I am inclined to the belief that in some cases it would be preferable to the diluted acid, especially in those cases where the ferruginous preparations are admissible.—*Ec. Jour. of Med.*

[Prof. J. King has used the tr. of iron, somewhat extensively, and has found it highly useful in many forms of the diseases above named, as well as in many others. See *Ec. Med. Jour.* vol. iv. p. 141. N.]

HOPE AND HAPPINESS.

In the old phrenological system, a large portion of the superior surface of the brain is assigned to an organ which is called Hope. In this there are two errors, although not of a fundamental character. The space assigned to the organ is too large and too remote from the median line, occupying nearly the region of Love, while the function which is ascribed is of rather too intellectual a character.

There is undoubtedly such an element as hope in human nature, but much of what is commonly called hope does not belong to the organ which is called by that name. The imaginative looking to the future, the scheming and ideal reveries which are indulged in by those of broad foreheads, arise from the activity of the intellect, rather than from any affective organ. There is also a species of hope which arises from the strength of the impulses, and energy of the desires; every strong desire or impulse, creating a disposition to hope for the accomplishment of its purposes.

The true function of the coronal organ called Hope, is not merely to form pleasing anticipations, but to produce a happy and a pleasant mood of mind, which may enable us to enjoy all that is good, either in the future or in the present. If the development of Hope be associated with large intellectual organs, especially with a broad forehead, the effect will be to produce a constant indulgence in the pleasures of the imagination, and pleasing of pictures of future life. But if the intellectual, imaginative and for eseeing organs are defective, the organ of Hope shows itself chiefly, not in brilliant anticipations, but in a calm, cheerful and happy spirit, which renders the present agreeable without reference to future anticipations. In fact, the organ of Hope should be regarded, not as the organ of anticipation, but as the organ of contented serenity and happiness.

The common conception that the organ of Hope leads to bold and hazardous adventures, or gives a predisposition to gambling and reckless adventure, is highly erroneous. If this were the case, the organ would not be entitled to its high position in the moral region. But far from favoring the gambling propensity, it produces a degree of serenity and moral elevation, which would be entirely adverse to gaming. Indeed, the word hope is scarcely an appropriate name for the function of the organ. The word happiness is perhaps nearer its true character.

In looking over the brain, we find that every function or tendency culminates to its highest development at a particular locality; for example, in reference to happiness, we find that while the inferior half of the brain contains many organs which originate positive misery, its superior and anterior portions are the sources of emotions and faculties which all promote our happiness, the

mental action being more and more pleasant as we approach the upper surface of the brain, and culminating to the highest degree of pleasure or ecstasy in the region which we recognize as Hope.

The character of this organ may be described by reference to those in whom it predominates. With a large organ of Hope, the mind is in a more active and buoyant condition; we are slow to recognize unpleasant and depressing influences, and consequently our thoughts are pleasant. Whatever evils may exist in society make but little impression upon our minds, because if we even distinctly recognize their existence, we recognize also the laws and principles of nature, which ensure their ultimate removal. With a predominant organ of Hope, we do not recognize anything in nature as essentially or permanently evil, nor can we believe that a future life in the spirit world will present much of anything horrible or truly miserable. In short, a predominant organ of Hope leads to Universalism in religion, and to Optimism in philosophy, as well as to many other peculiar views and courses of action.

The proper understanding, therefore, of the organ of Hope requires that we should contemplate its existence in each of its several spheres of manifestation, viz:

1. Hope as an organ of PHILOSOPHY AND SCIENCE.
2. Hope as an organ of RELIGION.
3. Hope as an organ of VIRTUE OR MORAL EXCELLENCE.
4. Hope as an organ of HAPPINESS.
5. Hope as an organ appertaining to PHYSIOLOGY.
6. Hope as an organ affecting GOVERNMENT, SOCIETY and EDUCATION.
7. Hope as an organ of ETERNAL PROGRESSION.

1. As an organ of PHILOSOPHY and SCIENCE, I might quote the sentiment of Herschel, that the true philosopher should be ready to believe all things not improbable, and to hope all things not impossible. If the world be in reality full of the works of Divine Benevolence, and if all nature be full of an intense upsoaring vitality, the manifestation of which demonstrates the law of progress, no one is capable of comprehending the divine plan and interpreting in the right spirit the phenomena of life, of nature, and of history, who has not in himself the faculty or emotion which enables and induces him to recognize readily and with pleasure the evidences of that divine benignity, and the ever new and varied forms in which it is presented to us in the progress of the race. The stern and gloomy spirit, devoid of Hope, is not in harmony with a world of sunshine and growth. Philosophy and Science, cultivated in such a spirit, are incapable of rising above a dead and ice-bound materialism. The antagonist of Hope, the animal organs of the base of the brain, are therefore continually at war with the progress of elevated philosophy. They may tolerate the cultivation of the physical sciences, but they detest all knowledge which is beyond or above direct demonstration to the senses.

Hope assists us in recognizing the possibility that, among the laws of nature and the properties of matter we may find the means of improving our mechanic arts, attaining results which machinery has not heretofore attained, bringing new agents into the service of man, diminishing the necessity for labor, and increasing our success in resisting disease, poverty, and all the evils of society.

With such a feeling, eagerly desiring and prepare to received or recognize such improvements, the intellect becomes vigilant in seeking them and ready to recognize every hint which may assist in attaining such results. But when the opposite feeling prevails, there is no presentiment that great and beneficial improvements are possible, no willingness to perceive their truth when demonstrated, and no capacity to gather up the illustrative facts and hints by which nature invites us to farther research. Thus it is that the organ of Hope becomes a constant stimulus to the cultivation of elevated philosophy and to the progressive enlargement of the boundaries of science.

In the absence of Hope we may have science more exact than comprehensive—and philosophy so deficient in comprehensiveness as to be essentially false—systems of philosophy, which take no cognizance of the highest faculties of human nature, and systems of morals based upon the idea that all men are intensely and purely selfish, or upon the still greater delusion that moral science or moral principles should contemplate merely inflexible laws or rules of action without any regard whatever to human happiness.

All of these lamentable errors have heretofore prevailed in the world with an extensive and pernicious influence, and all of them are in active operation at the present time. They must continue to be influential for evil until a vast amount of enlightenment has been diffused, or until in the progress of the world, and the moral elevation of the race, the animal organs become less active and cease to pervert the operations of the reflective intellect.

At the present time, science (and especially anthropological science) lacks comprehensiveness. Anthropology is indeed so deficient in comprehensiveness as to be full of glaring errors. There is no generally esteemed system of philosophy which takes cognizance of the highest powers of the human mind and body, or pretends to explain the clairvoyant and other forms of intuitive power—the spiritual faculty and other powers that transcend the limits of daily and familiar experience.

The speculation that all men are purely selfish, although it may not be the doctrine of the majority of philosophers, has a vast deal of practical influence among men of political and business pursuits, who often cultivate the selfish and gloomy passions until they lose the pure, elevated sentiments of their early life, and by learning to regard every man as essentially selfish, become essentially selfish themselves.

The same stern and gloomy spirit operating upon moral philosophy, destroying the warm feeling of benevolence, teaches us to regard morals as a matter of stoical or puritanical rules, instead of being the science of human happiness. Hence, at the present time, our political and religious fanatics—our ultra-conscientious men, who, having convinced themselves that the great duty of the moralist is not to render mankind as happy as possible, but to establish a set of cast-iron rules, are determined as the very desperadoes of duty, who love to exclaim, "*Fiat justitia ruat cælum*," (Let justice be done though the heavens fall)—are determined to maintain every jot and tittle of their principle or rule of action, although it should result in the destruction of that human happiness for which alone moral rules exist. They forget in their zeal that a principle which in its aggregate operation is destructive to the welfare of society, is not a moral principle at all, but merely a subordinate rule of action which may be in some cases clearly opposed to the highest moral law.

To illustrate my meaning—a moral desperado, adopting temperance as his favorite virtue, becomes convinced that every act tending to intemperance is absolutely, totally and universally sinful or wrong. To partake of light wine, cider, or beer, he considers essentially wrong, and therefore he attaches to such an act almost as great a degree of odium as to crimes against property or life. The glass of wine may be entirely harmless or even beneficial to the person who drinks it, and may have no objectionable effect upon him, but the moral desperado has no disposition to judge of an act by its good or bad results. He considers the act as either right or wrong, according to this iron rule—if right, no combination of circumstances can make it wrong, and if contrary to his rule of action, he would rather sacrifice the welfare of a nation than permit the violation of a rule which he elevates to the dignity of a moral principle. He forgets that moral rules are only generalizations from experience and reason, to teach us what course of action is really and permanently conducive to the general welfare of our fellow-beings, and that when any moral rule of action produces a preponderance of evil, we are either mistaken in the rule or mistaken in its application.

On the other hand, a fanatical advocate of liberty of individual action lays it down as an inflexible rule that the sovereignty of the individual shall never be violated, and that government has *no right* to interfere with the consumption of alcohol. Hence he is almost ready to rise in arms to prevent government from violating individual rights, by arresting the liquor traffic. To enforce his ideas of liberty, he would sustain a traffic which destroys thousands of lives and millions of property.

The stern spirit to which I have alluded, as the source of this conscientious and puritanical bigotry, does not originate exclusively in the gloomy and desperate region of the brain, but is also largely

derived from the region of combativeness, which expressly tends to produce stern, stubborn, un pitying rules of action, instead of the mild and genial principles suggested by true benevolence.

The antagonists of the combative and desperate organs—the benevolent, hopeful and social sentiments, teach us to love our fellow-beings and to pursue their welfare under all circumstances and in every variety of modes, not discarding either moral principles or moral rules, for they point out the best means of attaining the object, but adopting principles of a comprehensive character which are universally true, and varying our modes of procedure with infinite tact and delicacy, as varying circumstances may require, attaching to every act an importance proportioned merely to its bearing on human welfare.

We have an example of the same error in the practice of medicine; the influence of the animal organs of the combative and desperate region, in perverting benevolent principles into absurd and inflexible rules. Evils of an incalculable amount have been inflicted on mankind by the indiscriminate administration of powerful drugs, producing in many cases poisonous, rather than sanative effects. To counteract these evils, a large number of practitioners in America have adopted a reform, which proposes to dispense with poisonous practice. The most judicious reformers simply adopt the rule of rejecting every method of treatment which produces inferior and unsatisfactory results, rejecting positively remedies which cannot be safely used, and rejecting in every case, remedies and measures which do not produce the best attainable results. These are the principles of the party known as Eclectics. Others, however, not properly appreciating general principles, but adopting instead, inflexible rules, decide that it is morally wrong to administer remedies called poisons—forgetting that the administration of medicine is right or wrong only as it produces good or evil effects. All medicines if used to excess become poisonous or destructive, and a rejection of all substances capable of producing poisonous effects would be a rejection of all medicines. A blind assault upon valuable medicines, for which no substitutes have been provided, manifests the same animal impulse which pulls down churches and convents, because the buildings have been used for corrupt or superstitious purposes. The moral sentiments never prompt to any such indiscriminate warfare, and as the world becomes better and wiser, all the medicinal agencies in nature will be rendered tributary to man.

I need not farther multiply examples, every one can find in his own experience examples of individuals who endeavor with dogmatic violence to enforce an arbitrary code of duty, entirely regardless of the good or evil that results. The inferior organs cannot rise above the conception of arbitrary rules, to the conception of benevolent principles of action. This subject is but partially developed—I must pass to the consideration of

2. **HOPE**, as an organ of **RELIGION**.—The stern and gloomy spirit, which perverts and contracts Science and Philosophy, is still more efficient in perverting Religion; for Hope is one of the highest religious organs, and when its antagonist rules the character, Religion assumes a Satanic form.

The antagonist of Hope is Desperation, an organ which looks upon everything as evil—upon nature, man and God, as combined against us—which renders life an unceasing struggle against enemies, difficulties and dangers, and which, disabling us from the perception of anything good or pleasing, leaves us either overwhelmed by difficulties and despair, or struggling with convulsive energy against overwhelming obstacles. The character produced is expressed by our familiar words **DESPERADO** and **WRETCH**. As Hope is the organ of the highest happiness, calmness and serenity: Desperation is the organ of the lowest and most intense forms of misery, ever restless, fierce and forced on by Satanic passion to unscrupulous crime.

The influence of this gloomy passion upon Religion is such as almost to reverse its proper character. Instead of beholding in nature a system of progressive divine benevolence, it recognizes human life as a period of painful toil, transacted beneath the horrible shadow of ever-impending death. Instead of recognizing death as a natural step of transition to a higher spiritual life, it looks upon death as the sum of all evils, and the grave as the concentration of all horrors. Instead of regarding the future spiritual life as better than the present material existence; it sees in the spirit land a realm of cloudy horrors, where miserable souls, if they exist at all, wander about amid chaos and darkness harassed by legions of demons, and exposed to the crushing thunderbolts of an angry and malignant Deity.

The God suggested by the organ of Hope is a being whose love extends through the universe like the rays of the sun. The God suggested by Desperation is a powerful but malignant being who takes a delight in creating man for endless misery—who creates him expressly with a view to vicious conduct during his uncultivated ignorance, and who makes the errors of his own creature, which were brought about by himself, a pretext for inflicting unlimited misery.

Whether the God of Desperation or the God of Hope most resembles the God of the Universe, may be determined by the question, whether the religious or the criminal organs are best adapted to teach us the nature of the Deity? If none but the pure in heart see God—if holiness of life may elevate us to spiritual communion, the attributes of Deity must be those which are consonant with our highest, not our lowest organs.

How much of this Satanic religion the world has had, and how terribly this Devil-God of the animal organs has led the world in

its past career of war, butchery, despotism and ignorance, history, alas! too fully reveals. We need not go to history. The nations that now profess religion, and pay millions to church establishments, profess to believe that God sanctions the employment of millions of men as hireling homicides, spending their lives in brutal ignorance, knowing no other end in life than to slaughter whomsoever they are commanded to kill.

The conception of the Deity as a being who governs the world by arbitrary and malignant rules, instead of benevolent principles and plans, is a conception to which the animal organs cling with tenacity. How much the popular theology is perverted by this conception, I need not discuss. The influence of an evil dogma is not confined to the opinions, but extends to the lives of those who receive it. The doctrine of the depravity of God necessarily tends to produce depravity in man. He who worships a tyrannical and malignant being cannot well escape becoming rather tyrannical and malignant himself. The great example which he keeps continually before his mind, and endeavors to imitate insensibly modifies his nature. Hence the believers in the tyranny and malignity of God necessarily become tyrannical and malignant in their own dispositions. They delight to uphold their church by the power of the bayonet, and if they are not sustained by military power they will hate and persecute in private life all who do not submit to their diatatorial absurdities. On the contrary, all whose ideas of Deity are derived from the inspiration of the moral and religious organs of which Hope is the centre, are characterized by toleration and gentleness; using moral power instead of brute force, to propagate their opinions, and deriving from their religion a continual impulse to deeds of true philanthropy.

3. HOPE, as an organ of VIRTUE or moral excellence, is the centre of the group of organs from which our highest and best impulses arise, and by its activity it sustains all the surrounding organs in pleasant activity. Hope ever points upward and onward; and however difficult the task which duty imposes, it enables us to approach it in a pleasant and happy spirit. Hope is the organ of moral heroism—not of military adventure, but of that consecration of self to the welfare of others, which is possible only to him in whom an inexhaustible fountain of happiness exists, rendering him independent of the necessity of devoting his energies to procuring luxurious gratifications. The man whose fierce and gloomy nature keeps every selfish passion in constant activity—whose avarice, ambition and sensuality are strong, and who, void of internal resources, depends entirely upon external means, upon feasting, fine equipage, flattery and public honors for his happiness, is incapable of doing much good to his fellow-beings; his energies are mortgaged to his selfishness, and his life is useless to mankind. It were better for the world that he had never lived.

In speaking of Hope as an organ of Virtue, we may realize that the name which has been retained for it is inadequate to conveying a correct conception of its functions. Its true character is very nearly akin to universal love, a love which embraces all things, and sees God in all. With such a sentiment we can scarcely avoid being kind to all, as we see nothing to excite any unkind feelings, and if the path of duty be one of self-sacrifice, as it is commonly called, this glorious faculty converts an act of self-sacrifice into an act of luxurious pleasure. The renunciation of luxuries and external aids to enjoyment only develops more fully our internal resources, and the sacrifice of life itself is welcomed with enthusiasm.

Hope is preeminently the organ of **MARTYRDOM**. It reveals a spiritual immortality, which renders a departure from this material sphere far from sad or painful. Nay, more, in its highest excitement it produces an ecstasy or trance, in which we become unconscious of the body, and pass into an apparent or sometimes even a real death. The martyrs of religion, who have in times past gone triumphantly through the ordeal of death at the fiery stake were sustained by the high enthusiasm of Hope, and in some cases also by its ecstatic power in lifting them above the consciousness of bodily suffering.

4. That **HOPE** is preeminently the organ of **HAPPINESS**, and that by cultivating the group of organs to which it belongs, we promote our own true interests, and immediate as well as permanent enjoyment, constitutes one of the most important propositions of Neurology.

As happiness either is or should be the supreme aim of every human being, mankind are deeply interested to understand the secret of its attainment and retention. And if, as it can demonstrate, the highest degree of happiness of which the human constitution is susceptible, arises from the action of the coronal organs in the midst of which Hope is located, this fact becomes a powerful auxiliary to the cause of good morals, and social happiness. Moreover, as Hope, Virtue, and Happiness are thus intimately associated, it becomes obvious that it is our duty to cultivate a happy temperament, as well as to do deeds of kindness. We should regard all harsh, stern, gloomy feelings as positively vicious in their tendency, and be ashamed of our discontent and melancholy, as well as of our vices. Happiness belongs to the higher organs alone, and is itself a virtue, for it is continually doing good; not only is the happy man enabled, as already explained, to be a hero in benevolence and self-sacrifice, but he is continually, without effort, pouring forth a stream of beneficence. Every human quality is inevitably contagious, and as the mirthful man propagates smiles, or the combative man quarrels throughout the community; so the happy man imparts happiness, and is an unconscious blessing wherever his influence is felt.

The Kingdom of Heaven is a state of the highest virtue or happiness, and he who by his own moral elevation reaches this kingdom and brings down its blessings abundantly to his fellow-beings, performs the noblest service in his power.

5. The organ of Hope, as an organ appertaining to physiology, exerts a very important and peculiar influence upon our bodily constitution. The region of Hope has a happy or anodyne influence upon the body as well as upon the mind; it produces a tranquil serenity, removing irritation and restlessness, substituting pleasant for unpleasant sensations. Narcotic and anodyne medicines operate upon this region of the brain, and thus by the pleasure, good nature, happiness and tranquillity which they produce, become very attractive to those who acquire the habit of using them. This region being pleasant, and exhilarating to the mind, is calculated to sustain the constitution against nervous depression, by sustaining the cerebral and mental powers, but at the same time it is antagonistic or sedative to animal life, tending to exalt the mental, at the expense of the physical, which is the general tendency of narcotics or nervous stimulants. Indeed, the specific antagonist of physiological vitality lies in the region of Hope. Desperation and Vitality lie together in the basis of the brain, locating externally an inch behind the body of the mastoid process (or two inches behind the lower extremity of the ear,) while Hope and Mortality lie upon the upper surface of the brain exterior to Religion, between Philanthropy and Love—Integrity lying behind—Sociability, Faith, and Benevolence before it.

Thus we perceive, that by the constitution of the brain, animal life and passions, with their violent, gloomy tendencies, are antagonistic to that moral and spiritual power, which, in proportion as it is developed, subdues and regulates the animal force. This spiritual power, when sufficiently excited, entirely arrests the animal force, as we observe in trance and ecstasy, produced by religious excitement or Mesmeric processes.

These philosophical facts enable us to understand why extreme joy suddenly and pleasantly arrests the progress of life, and why the tender emotions are so subduing to the physical constitution; why mental excitement exhausts the physiological vitality, especially when the higher emotions are involved, and why the sterner passions invigorate the corporeal frame.

In these hasty sketches of the functions of the region of Hope, based upon experimental investigations of the brain, I am aware there may be much that will be somewhat strange, and not altogether clear to those who are unfamiliar with the subject, which would indeed require a long and elaborate essay for their thorough demonstration.

6. HOPE, as an organ affecting GOVERNMENT and EDUCATION, is still the same beneficent agency. The gloomy dogmas which

teach that mankind are incapable of self-government, and require despots with armies assisted by the terrors of a gloomy superstition to keep them in abject servility, are dispelled by Hope, which teaches, like Thomas Jefferson, and our Declaration of Independence, a reliance upon the self-protecting, and self-elevating power of mankind. It substitutes moral for physical force, alike in government and in education, and conjures up no spectres of anarchy and ruin, to frighten us into the crushing circle of despotism. Hope suggests the possibility of every species of improvement, and delights in Utopian anticipations. The sense of future elevation and improvement, which it gives us, may be fallacious, as all other sentiments, if not guided by a discriminating judgment, but when cooperating with a vigorous and enlightened reasoning faculty, it enables us to enjoy that truthful anticipation of future improvements, from which the majority of mankind have heretofore been debarred.

7. Hope is the organ of ETERNAL PROGRESSION and elevation; not only pointing upward, but sustaining our elevation. Throughout life it subdues the animal, and elevates the spiritual nature, and finally, it perfects its terrestrial mission, by severing from the worn-out body the soaring spirit, which it has fitted for its new home, in which unclogged by terrestrial obstructions, Hope or Happiness reigns supreme, pouring back a benignant influence upon the dwellers of Earth, but still rising, in the progressive ascension of spiritual life, to serener spheres of being more remote from matter and passion, and nearer to God, to unmeasured happiness, and to the infinity of creation, and creative power.—*Journal of Man.*

CITY BILLS OF MORTALITY FOR 1850-51.

	Population.	Deaths.	per ct.
New York, 1850, ...	515,597	20,865	1 in 25
Philadelphia, 1850, ...	408,815	8,841	1 in 46
Baltimore, 1851, ...	186,048	4,539	1 in 34
Boston, 1851, ...	136,871	2,851	1 in 35

New York and Boston are ports which receive the direct emigration of foreigners to a greater extent than Philadelphia and Baltimore, and the greater mortality in that class of inhabitants explains the fact of the greater per centage of deaths existing in those cities.

QUADRUPE BIRTH.—A young woman in Cork was lately delivered of two boys and two girls at one birth. The mother is reported well, and the little ones all still "kicking."—*Exchange.*

We are well acquainted with a Mrs. D., of this State, (Ohio,) who gave birth to FIVE, four of whom lived to adult age.

We also know another lady, Mrs. C., who gave birth to THREE, all of whom as well as the mother, died before the third day. N.

ECLECTICISM AND EXCLUSIVISM.

BY M. M. ROGERS, M. D.

What is Eclecticism? It means selecting, from various systems and sources, such *principles* as are considered sound and correct, without being limited to any speciality or exclusive theory. In *medicine*, it means selecting from various exclusive systems of practice, such as Homœopathy, Hydropathy, Botanicism, Uroscopia, etc., all such principles as are well established, and applying them in practice.

Who, then, are the Eclectics? (1.) Certainly those who draw from all the fields of science, from all systems, and from all the kingdoms of nature, *all* substances and resources by which disease can be cured or alleviated; those who reject no truth, and refuse no useful remedy.

The "Old School," or rather the *only school* of medicine, embraces the teachings of all true science, and is not a system founded upon narrow or exclusive theory.

Who, then, are the exclusives? (2.) Certainly not those who accept all medical truths, but those who *reject* certain well established principles and practices; those who reject and condemn certain remedies, such as mercury, arsenic, antimony, venesection, etc., and confine themselves to exclusive means and medicines.

But here arises a question, (which we shall not attempt to discuss,) as to what is *true*, and what is *erroneous* in our creed.

If a very small minority of the members of a church take exception to certain articles in the creed, and then recede and form the new church, which excludes the offensive articles—who are Exclusives," and who are the "liberals?" (3.) And does not secession prove the majority to be infidel or heretical? Does it not rather lead to the supposition that the schismatics are in error? and must the majority be forced to follow them? or adopt the new faith, or be denounced as hypocrites or fools, or shall they be deprived of the right to enjoy their own humble convictions, until honestly convinced of error? What matters it that a proposition is true or false, so far as the public is concerned so long as not one in a million *knows* the truth in the premises?

Now the "Old School" does not wish to steal the "New School's" thunder, or adopt its name, but still it does not intend, quietly to renounce all claims to correct science, so long as it furnishes to the "New School" all the scientific discoveries which it has to use in building up its speciality.

The term "Old School," is applied to the regular profession, *appropriately* in order to mislead the public, and give the impression

that our school is not only *old*, but that our practices are injurious and our theories obsolete.

True, we *are old*. We date our origin from an epoch more than twenty-three centuries gone; but we are also *modern*. We embrace in our creed all the discovered facts from Hippocrates to Pressnitz, and still our system is, like all others of human origin, imperfect; together with much truth, we have at times mingled error. While the blaze of science is constantly dispelling the gloom of medical chaos, new facts are clustering about the poles of our system, and arranging themselves into a beautiful, harmonious and symmetrical whole.

Thus, at some future period, though far distant beyond our time, the world may behold a *triple creation*, consolidated from *discovery, theory and practice*. The science and practice of medicine will then embrace as few questionable dogmas as mathematics, or any other science. Physicians themselves shall then no longer confirm the people in their medical skepticism, by contending about creeds which all may know to be true.

Rochester, May, 1852.

REMARKS.—When the various medical *isms* of the day will consent to meet on open ground, and for fair discussion, *our prognosis* in the case of *suffering humanity* will be easily made, and we may as well say, it will be very favorable! An interchange of views, and an overhauling of old platforms, may prove profitable business for all parties. Those who are in the right, will feel it highly advantageous that the fact should become more generally known, while those who are in the wrong will be very ungrateful if they do not as heartily rejoice to be set right! We look upon the above article as one of the hopeful signs of the times. But as we, no less than our Allopathic brother and brethren generally, have come upon the stage with sundry streaks of *individuality* in our composition, they, the brother and brethren aforesaid, will hardly think it strange if we differ with them. A few thoughts, then, upon the passages marked in the foregoing article.

1. "Who are the Eclectics?" An Eclectic is one who *selects*. He not only *takes* remedies to relieve the sick, but he takes, with his eye on a principle. He chooses, guided and controlled by a principle. We call ourselves Eclectics. We have no objection to our Allopathic brethren taking the same appellation, provided they will but confess and promulgate the difference between their Eclecticism and ours. They *are* Eclectic—guided by the principle of *PRESENT SUCCESS in their attempts at healing the sick*. We are Eclectic—guided by the principle of the *GREATEST ULTIMATE GOOD to the patient we would heal*. Their Eclecticism is the selection of every agent that will cure. Our Eclecticism is the selection of agents enough for all purposes of cure, without any admixture of such as are equally or more likely to do present or

ultimate harm. They use destroying agencies, poisons, what not, to effect a purpose now. We use the safest effectual means to be had, to establish a fund of constitutional power that may last for life. Theirs is an *indiscriminate appropriation*, limited only by the range of *science*; ours a *discriminate selection*, controlled by the demands of *PHILANTHROPY*.

We admit therefore that our "Old-school" friends are Eclectics as well as ourselves; but we are Eclectics "with a variation." And we cannot but feel like exclaiming, as did a certain pious deacon when a certain exciting subject was under consideration in the good pastor's sermon, "Bless God for the variation!"

5. "Who are the Exclusives?" All of us, Doctor. Not one can escape. The Homœopathist is exclusive; he sweeps the board of all your gross pharmacopœia, and subscribes to nothing stronger than "mother tincture," but he doats on the virtues of *Lachesis*, the poison of rattlesnakes! The Allopathist is exclusive; he despises the whole generation of "pellets," and religiously abominates *Lachesis*: but he knows of nothing that will give so beautiful a "fillip" to the liver as *Hydrargyrum*, the great Quack's invention—abused mercury. The Eclectic is exclusive; he aims to walk in the straight and narrow way between "*moonshine*" and "*murder*," and of course excludes every agency that savors of either. And so I might go through the list of the *isms*. But softly, Doctor, this is not the exclusivism we complain of. We are shut out from *equal rights*. When we ask charters and colleges such as others no better than ourselves have received, our officious brethren get up a remonstrance, go to the legislative halls and oppose and thwart us, as if we were not men, and as if they who had the impudence to employ us, if they forfeit their lives on account of our lack of medical science, pay but the fitting penalty with the lives they lose. And yet, Doctor, none of our students can study in your offices, for here private feeling debars them; nor can they graduate in your colleges, for there a wide and well known *conspiracy*, dignified with the title of an act of the "American Medical Association," meets and menaces them with certain failure. And what is all this? equal rights? the opportunities of men? the privileges of freemen? No! it is the "exclusivism" of which *we* sometimes have occasion to speak and write!

3. The gist of the Doctor's argument here is, that they who secede from the church are "exclusives," while they who "walk in the old paths," are the genuine "liberals." Admit this doctrine, and what follows? Why this follows—That the Church of England is an improvement on Methodism, because it is more liberal than the latter, and that, for the same reason, the *Romish Church* is an improvement on the Church of England; the doctrines of the *Pharisees* and *Sadducees* an improvement on Roman-

ism, and *Antediluvian Paganism* the true church, and most *liberal* depository of divine truth on the earth! Well, we always suspected the Doctor and his compeers of a leaning toward the "good old days of Adam and Eve," but we did not expect to see it so frankly avowed.

Other points might be considered, but we do not wish to "darken counsel." We have made three points, and leave them open for discussion and criticism: 1st. That our Eclecticism is based on Philanthropy. 2d. That the Exclusiveness we complain of is another name for Tyranny. 3d. That Liberty, in the estimation of our opponents, is a virtue in which the primitive races of men excelled, but which is dying out in the world in a constant ratio with the progression of the human family!—*Eclectic Journal of Medicine*.

THE AGE OF REFORM.

"*This is the Age of Reform*," was the language of Prof. BUCHANAN, in his Introductory Lecture. In the lecture of Dr. DURBIN, it was shown that the great feature of modern Reform was the triumphant progress of the idea of individual liberty, and the decline every where of the Papal element, and the nations which adhered to it. Freedom alone is compatible with progress and prosperity. The sacred freedom of every individual to judge and act for himself in matters of conscience is the only condition compatible with true prosperity. Cincinnati, at this time, presents a curious illustration of this law of progress.

The old regular orthodox system of the medical profession hold on to the Papal idea, lays down a certain standard of faith, and condemns all who deviate from that standard, aiming to exclude them from the medical church as unworthy members, and refusing to recognize them as physicians at all. On the other hand the American Eclectics adopt the Protestant principle—they refuse to adopt any creed, and claim the right to make as many improvements as they please, while they recognize every freely educated radical man as a physician, no matter what creed he may adopt, or what course of practice he may conscientiously approve. Here are the Papal and Protestant principles arrayed in open conflict—of which our city has been the principal field.

We have a regular orthodox school endowed handsomely by the State, and fostered also by exclusive privileges granted to no other school. The most celebrated men that the Trustees could procure have been selected from the West and the East, and the moral influence of a vast number in Physicians, has also been exerted to uphold the school, which has been of operation upwards of thirty years, and has no doubt graduated pupils enough to secure it a very large class, if they give it an efficient support.

At the same time we have an Eclectic school without any patronage

om the State, deprived of the privilege accorded to the other, and relying upon nothing but the energy of its professors, and the merits of their lectures. The Eclectic school has been chartered scarcely six years, and has been opposed by the united energies of the Old school profession. Yet instead of being depressed by these disadvantages it has shot ahead of all competition, and for the past three or four years has attracted a larger number of medical pupils than any other college in the city.

Its professors do not undertake to dictate a creed to any body, but lecture with open doors and invite every one to listen and judge for themselves. Students and physicians of other schools are always received with courtesy, and the Eclectic students are recommended to hear and read everything and judge for themselves. The Old-school pursues the opposite course—lectures with closed doors—recommends its pupils to stay at home, and if a student should reciprocate any courtesy received in other schools by inviting any of their pupils to hear *his* lecture, the unwelcome visitor is soon expelled from the hall. *A case of this kind occurred last winter.*

We need not ask the question which of these two systems suits the genius of the American people best. That question has been answered by the comparative results—by the fact that the free, liberal college is the largest of our five medical schools, and has been in the lead for several years past. “This is the age of Reform.”—*Cin. Non.*

TREATMENT OF INTERNAL HEMORRHOIDS.

Dr. I. P. Garvin has recently published a very interesting paper, in which he states that he has treated a considerable number of cases of internal hemorrhoids, some of them very severe and of long standing, by the use of cold water in the following manner; He directs about a gill of cold water to be thrown into the rectum immediately before *every attempt* to evacuate the bowels, and that this enema be retained several minutes, if possible. This usually produces an evacuation of the *feces*, which have been so far softened on their surface, as to permit their escape without the least straining or irritation. After every evacuation, it will be proper to use ablutions of the parts, more especially in such cases as are attended by some protrusion of the bowels. The treatment is to be continued until some days after all uneasiness is removed. In old or very severe cases, to effect such amendment generally requires several weeks. It is highly important to impress upon the patient the absolute necessity of perseverance in the use of cold water, even though he should be so far relieved as to feel *almost* well, for if it should be suspended too soon, a very slight cause will bring on a relapse. So decided is the relief afforded by this treatment, that few persons would be disposed

hastily to abandon it, but for the inconvenience of applying it daily. The ordinary apparatus for enemata are so unwieldy, that they cannot be carried about conveniently. All difficulty from this source may be obviated by the employment of a small pewter syringe with a ring handle to the piston. One which will hold two ounces is very convenient, and may be carried in the pocket when necessary. When such enemata of cold water fail to procure sufficient alvine evacuation, the quantity of fluid may be increased to half a pint, or it may be necessary to resort to mild laxatives. Active purgation must be carefully avoided. The patient should be advised never to aid the natural expulsive action of the bowels by straining.—*Southern Med. and Sur. Jour.*

TREATMENT OF APHONIA BY STIMULATING INHALATIONS.

BY DR. PANCOAST.

The form of aphonia, here alluded to, is that following no ordinary cold without leaving any perceptible organic lesion in the pulmonary apparatus. The voice is reduced to a faint hoarse whisper, distinguishable only at the distance of a few feet; and a continued attempt to talk, though it gives no pain, becomes quickly attended with a feeling of fatigue, as though there were some obstruction to the passage of air through the larynx. In breathing merely, there is little or no difficulty; as the individuals are capable of undergoing considerable exertion without any unusual signs of fatigue. Having had an opportunity several years ago of observing the movement of the vocal chords in a person who had attempted suicide, and was left with a cicatrized wound opening into the ventricles of the larynx, Dr. Pancoast watched with great interest the play of these vocal chords which were fully exposed to view, and was astonished at their frequent, varied, and extensive movements. From the evidence he obtained with regard to their motion, he was led to infer that this form of aphonia arose from a partial paralysis of the intrinsic muscles of the larynx, to be cured by stimulating to action. His first case occurred eight years ago. The patient was a healthy young country girl; the aphonia had lasted for six months, resisting all treatment. She was made to inhale chlorine, gradually liberated from chloride of soda or lime by very dilute hydrochloric acid in a common glass retort. The inhalation was continued for some minutes, and repeated two or three times a day, according to the degree of irritation produced in the throat and larynx. From the

first trial the patient's voice improved, and in three days had become nearly as strong as ever. Two months after her return to the country, another cold was followed by an attack of aphonia, which also yielded to a few inhalations of chlorine vapor. Dr. Pancoast has since treated a case in a medical practitioner, who had tried, among other remedies, repeated applications of strong solution of lunar caustic, without any good effects. The voice was restored to its natural strength in a week or ten days. He suggests that care should be taken that the chlorine be not developed too rapidly. He believes that it acts merely as a local stimulant, and that iodine, or any other exciting vapor, would produce similar results.—*Trans. of the Am. Med. Association.*

PART III EDITORIAL

STATE MEDICAL CONVENTION.

We are of the opinion that the Eclectic Physicians of Ohio should hold a Convention, and form an Eclectic Medical State Society, which should meet at some central and convenient point.—The advantages of such a society are well understood by all our friends, and no doubt would be one of the best movements at this time. We have many important measures which should be carried out, in order to obtain and sustain our rights as medical men. We are prevented from enjoying these by a combination of illiberal and unjust medical men in this State. The State Medical Society (Allopathy) has continued to make these misrepresentations, until the community are made in many instances, to believe them, from the fact that we have not met these charges. This could not well be done in consequence of not having organized as a society.

Now we will propose to hold this convention on the third Tuesday in November, 1852, at the Eclectic Medical College of this city, and we hope to have the opinions and co-operation of our friends upon this suggestion immediately. N.

BEAUTIES OF DRUGGING.

"The following paragraph, copied from the *Boston Domestic Journal of Medicine*, which, by the way, goes for eclecticism, and don't deal in anything in the least injurious to the constitution, shows the intrinsic nature and character of the whole drugging system:—

CORRECTION.—In the last issue of the *Journal*, on page 105, the reader will notice that the receipt would, if administered according to direction, certainly produce death. It would be well for all who do not understand the nature of that prescription to *mark* it, so that it may not be heedlessly taken. The dose should have been one *tea-spoon full*, once in six hours, and not one ounce. The error originated in the *Eclectic Medical Journal of Cincinnati*.

This is very consoling, certainly. The *Eclectic Medical Journal*, from which the prescription was taken blunderingly and without examination, is an advocate for "selecting the good," and "rejecting the bad," of all systems, while it repudiates poisons altogether; and yet if an over-dose of its innocent medicine is taken, it produces death just as the awful poisons of the allopathics would! Such are the consequences of building houses without foundations."

We find the above remarks in the "*Water Cure Journal*," published by Fowler & Wells, N. Y., No. 2, Vol. XIV, page 46, and it evinces either a degree of ignorance or maliciousness which was not presumed to have existed in the minds of the editors. It is, to say the least of it, a small, pitiful affair, and unworthy men who *profess* liberality and philanthropy.

In reply to the above invidious remarks, we would enquire whether it is an uncommon occurrence for even themselves to have an occasional typographical error in *their* publications? Indeed, we find in this same number of the *Water Cure Journal*, page 43, an admission by Dr. J. A. Hanaford, not that there are errors of type, but still worse, errors in the water cure treatment. He remarks, "that errors in water treatment have occurred, is too evident to admit of a single doubt." Yet we have no disposition to make any uncalled for attack, or malicious insinuations in consequence of such acknowledgement. We know very well, that not only many of our best works of science, but likewise our scientific journals, present "errata" to their readers from time to time, and without the criticisms or snarlings of *would be* great men. Why these editors have selected our typographical errors instead of the great principles of our cause, as marks at which to direct their venom, we leave our readers to decide. The error in

our Journal consisted not in the unpardonable offence of inserting "one ounce" for "one tea-spoon-full," but in an oversight which often happens with the printer of mistaking the character 3 for 3, and which we corrected in a subsequent number of the Journal, as soon as ascertained. But it is not so much the error, or its correction, which we would here regard, as the false statements which these have elicited from the editors of this Hydro-pathic organ

They say, and with perfect truth, that our Journal "is an advocate for selecting the good' and 'rejecting the bad,' of all systems," but they say wrong, and we must think, wilfully so, when they add, "while it repudiates poisons altogether." We do not know what meaning these gentlemen attach to the term *poison*, but if they mean articles which cause death when improperly administered, then we would like them to point to us an article which will not produce this result under such circumstances. Even their favorite, water, has done it, and will do it again. Individuals have lost life by drowning in water, by being scalded with hot water, by plunging or washing in cold water when the system was too much heated, by drinking cold water under similar circumstances, &c. So that under such a signification, water is as dangerous a poison as any other article.

But if by the term *poison* they mean articles which may produce death in overdoses, but which are perfectly safe and salutary in proper medicinal doses, then, have they wilfully misrepresented us. We recommend and use in various forms of disease many articles which in minute doses, are capable of effecting the most beneficial results, but which, will certainly cause death, if these medicinal doses or limits are transcended, and which is indeed the case with all medicinal agents, and we desire these gentlemen especially to recollect it, as well as all those croakers, who stand ready with open mouths to misrepresent and misconstrue our statements,—we repudiate all such articles as produce, even in the medicinal doses recognised by those who employ them, *permanently* injurious effects upon the system, as mercury, arsenic, and some other mineral agents, which it is well known to every medical man, effect deleterious consequences in the human system, not to be overcome by any known treatment. These are some of the poisons we repudiate and any other statement, no matter from what source it may emanate, is emphatically an untruth.

Again, these close investigators of error, say "and yet if an overdose of its medicine is taken, it produces death, just as the awful poisons of the allopathies would!" and they might have added, *or of the hydropathics*, for we know that water, as already stated, when improperly used, will cause death. Now, although we use the *articles* named in the selection in which the error happened, yet the *prescriptions* were not ours, nor was the communication an original one. It came under our head of "Miscellaneous Selections," and was accredited to the New Jersey Medical Reporter, as condensed from the New Hampshire Journal of Medicine for November. Both of these are Allopathic Journals, and even a superficial glance at our journal would have shown these medical wisecracks, that so far from being tied to our own views and ideas, we are in the habit of extracting from Allopathic journals such articles as we believe may interest our readers, and if we occasionally present a prescription containing salomel, or the dose of which, independent of a typographical error, might produce death, our ECLECTIC readers, as well as all who know our principles, have too much good sense to believe that we must, therefore, endorse *either* as proper or beneficial. Thus, gentlemen, you may perceive whose house it is that has been reared "without a foundation."

As the editors of the American Magazine, devoted to Homeopathy, have also seen fit to bark at this typographical error in their August No., page 344—we apply the above remarks likewise to them, in reply. Really, gentlemen, the cause of Eclecticism must be rapidly progressing, and your own as rapidly retrogressing, when you stoop so low in your attempt to injure our cause, as to attack errors of type instead of its great and fundamental principles, and to present wrong statements and interpretations to your readers, instead of the honest truth! N.

COUNTY (ELECTIC) SOCIETIES.

We have learned, indirectly, that several flourishing societies have been formed in the State. To such we will say, that if the notice for their regular meetings, &c., is handed to us in time, they, with all other matter of this kind, will be noticed in the Journal. N.

ECLECTIC MEDICAL COLLEGE OF PENNSYLVANIA.

We have received the Second Annual Announcement and Catalogue of students, of the Eclectic Medical College of Penn., Session 1852-3, at Philadelphia, Pa.

We have often referred to this Institution during the last year. We know it is in the hands of safe and efficient men, those who labor for the elevation of the profession and the promulgation of Eclecticism. We extract the following from their circular: N.

"It is with no inconsiderable feeling of satisfaction and pride, that the Faculty of the *"Eclectic Medical College of Pennsylvania,"* are enabled, on behalf of the Trustees, to issue their second Annual Announcement of this Institution. And we flatter ourselves, nay we are sure, that all who properly appreciate the cause of true medical reform, can rejoice with us, that our College has passed its days of trial, and stands out on the high road to medical usefulness.

The past winter session of four months—being our first annual term—has given us the unmistakeable evidence. We number sixteen matriculating students; and from these, four have received the degree of Doctor of Medicine. This met our most sanguine expectations, and fully compares with the first course of any of the old school colleges, even in their palmyest days, which now have passed and gone."

PHYSO-MEDICAL AND SURGICAL JOURNAL.

This Journal has been edited and published by Prof. E. H. STOCKWELL, for several years, and was devoted to the cause of liberal Reform in Medicine. Prof. S. has concluded to discontinue the Journal as will be seen from the following extracts, which we copy from his notice to his patrons:

"I shall discontinue the publication of the *Physo-Medical and Surgical Journal*, and seek a medium for the expression of my views, that will more immediately favor harmony among the parties of the New School.

"To meet my obligations to the present subscribers of the *Journal*, I have made an arrangement with Prof. R. S. Newton, M. D., of this city, to furnish them with his valuable *Medical Journal* for the balance of the year."

"The editorials of the *Eclectic Journal* embody the current

medical news of the United States; a free, liberal, progressive spirit, and a worthy devotion to the great American movement for a more safe, and successful medical practice. Its selections are made with an eye to the cause it advocates, and its contributions reveal the monthly improvements in medication as discovered by the members of the New School.

"I can, and do cordially, recommend to the old and true friends of the Physio-Medical and Surgical Journal, the Eclectic Medical Journal. You will find it advocating the cause you love, advocating the science of organic life, and a medical practice in accordance with that which this unerring guide teaches, as revealed by the most devoted students of the age.

"I shall contribute to its pages, and hope to see the old writers of the Journal monthly in it, as I have been accustomed to see in the Physio-Medical and Surgical Journal. Its liberal conductors will cordially receive you into its columns, for their medical principles and measures render them the warm friends of the entire New School, and only the opponents of medical sectarianism and deleterious, unmanageable medical agents."

TRANSACTIONS OF THE NATIONAL ECLECTIC ASSOCIATION, at its third Annual Meeting, held at Rochester, New York, May 11, 1852; together with the accepted Reports presented by the Members. Rochester; Published by E. Darrow.

This work contains 146 pages, got up in good style and well bound in paper, for sale by the publisher, and in this city by H. W. Derby & Co.; price 50 cents.

We can recommend this book to every Eclectic physician, being satisfied that he will receive much information from its perusal. We are greatly encouraged from the results of the last meeting of the Association. We find its contents as follows:

Report of Proceedings—Address—Report on Medical Literature, &c.—Obstetrics—Medical Statistics—Surgery—Circulation, &c.—Eclecticism, &c.—Surgery—Materia Medica and Therapeutics—Chemistry—Address—List of Members. N.

PRELIMINARY COURSE.

The preliminary course of Lectures in the Eclectic Medical Institute will commence on the 15th October, when the Anatomical department will be ready to receive students. N.

ECLECTIC MEDICAL INSTITUTE,

CINCINNATI, O.

Chartered in 1845. Total Number of Matriculants, 1865.

The Eighth Winter Session of this Institute will commence on the first Monday of November, and continue four months.

FACULTY.

L. E. JONES, M. D.,

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE.

R. S. NEWTON, M. D.,

PROFESSOR OF DESCRIPTIVE AND OPERATIVE SURGERY.

W. SHERWOOD, M. D.,

PROFESSOR OF SPECIAL, SURGICAL, AND PATHOLOGICAL ANATOMY.

J. KING, M. D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

J. R. BUCHANAN, M. D.,

PROFESSOR OF PHYSIOLOGY AND THE INSTITUTES OF MEDICINE.

G. W. L. BICKLEY, M. D.,

PROFESSOR OF MATERIA MEDICA THERAPEUTICS AND MEDICAL BOTANY.

J. W. HOYT, M. D.,

PROFESSOR OF CHEMISTRY PHARMACY AND TOXICOLOGY.

This Institute was chartered in 1845, and has been the most flourishing school in Cincinnati, having already had twelve hundred and sixty-five Matriculants. It continues as heretofore, the principal collegiate source of liberal and progressive system of Medical Science, and has recently adopted the generous measure of dispensing with all charges - the fees of its several professors, leaving only a charge of \$15 per session, for Matriculation, and dissection. This amount is required of all who attend a part or all of the Lectures of the Institute. Students will find it to their interest to be in attendance as early as the 15th of October, for the preliminary lectures. Students upon their arrival in the city will call at the office of Prof. R. S. Newton, No. 89 West Seventh st. For further information, address Prof. R. S. Newton, or J. R. BUCHANAN, M. D.,
September, 1852. Dean.

TEXT BOOKS.

The following works are recommended, as Text Books:

SURGERY.—Hill's Eclectic Surgery.

MATERIA MEDICA.—United States Eclectic Dispensatory.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Churchill,
Ramsbotham's Lectures, Meigs, Dewees.

THEORY AND PRACTICE.—Wood, and Eberly.

CHEMISTRY.—Gregory.

PHYSIOLOGY.—Dunlison, Kirk & Padget, Carpenter.

ANATOMY.—Pancoast, Wistar, Horner.

ECLECTIC MEDICAL INSTITUTE OF CINCINNATI.

MATRICULANTS.

WINTER SESSION OF 1851-52.

NAMES.	PRECEPTORS.	RESIDENCE.
Ambrose, John	Practitioner.	Miss.
Allin, Thompson Ward,	Dr. J. W. Terrill.	Mo.
Andrews, S. H.,	John Boyd, M. D.	Pa.
Ambrose, Rebecca M.	Dr. John Ambrose,	Miss.
Brass, Thomas Henry	Reuben Matthews, M. D.	Iowa.
Bishop Hiram W.	G. W. Saxton M. D.	N. Y.
Backasto, John Pierre	Dr. O. J. Rotsell	Ohio.
Blecher, John	Dr. W. N. Blecher,	Ohio.
Be, Rom. A. N.	Practitioner,	Ohio.
Brown, Reed Bracher	A. G. McQuaide M. D.	Pa.
Bach, Edward Edgar	G. Bungan M. D.	Ohio.
Bosworth Henry H.		Ohio.
Burns, John B.	Practitioner.	Ohio.
Boswell, Allason		Miss.
Brown, Troilus	Jos. R. Buchanan, M. D.	Ohio.
Baker, Anthony Constantine	Dr. Peterson,	Ala.
Briggs, Gilbert Adam		
Chase, Wm.	Dr. A. B. Lyman,	Ky.
Coulter, John Phillips	Dr. Hubbill,	Ohio.
Clary, Wm. James	C. W. Arnold, M. D.	Ohio.
Callahan, Dennis	J. W. Norris, M. D.	Ohio.
Cowan, Austin M.	F. H. Judd, M. D.	Pa.
Crisler, Benj. Miller		Ky.
Clements Wm. Montgomery	H. M. Clements, M. D.	Tenn.
Chandler, Edward Alphonso	W. S. Merrill, A. M.	Ohio.
Cox, Wm. Shotwell	Matson O. Wilber, M. D.	Ohio.
Dakin, Geo. McManis	J. W. Seroggs, M. D.	Ohio.
Dodge, James Russell	Dr. Kezdette.	Ohio.
Dickinson, Simeon	Drs. Stone and Hamlin.	Ohio.
Darah, James	Wm. P. R. Judd, M. D.	Ky.
Davenport, J. A.		Ohio.
Faris, Michael		Ky.
Fisk, Harrison Dearborn	Dr. S. Doughty,	Ky.
Fox, John	A. Pratt, M. D.	Wis.
Findley, Robt. S., M. D.	Practitioner.	Ohio.
Galloway, Jos. Stevenson		Ohio.
Gilroy, Patrick		Ohio.
Gilder, James Keirl	Samuel Fair, M. D.	S. C.
Harrison, Harlan	Drs. Braffet & Peck.	Ohio.
Howe, Alex. Theodore	Dr. D. S. Pinnell,	Va.
Hastings, D. Crocket	Dr. Wm. H. Mielck,	Ill.
Herr, Levi Seth	Drs. Sampael,	Ohio.
Howell, John Gilson	Practitioner	Ohio.

NAMES.	RECEPTORS.	RESIDENCE.
Hector, David B.	Dr. C. Hector	Ohio
Hunter, Hilton Reader	Practitioner	Ohio
Hull, Henry C.	Dr. G. W. Hull,	Indiana.
Herrick, G. E.		Ohio.
Head, D. B.		Georgia.
Harris, L. D.	Martin Pretzling, M. D.	Ohio.
Hoyt, John Westley M D.	Practitioner.	Ohio.
John, George Washington	U. L. Clemmer, M. D.	Virginia.
Keith, Darwin M.	A. Bronson, M. D.	Ohio.
Kelley, Matthew A.	Practitioner.	Ohio.
Kirby, Patrick	Prof. A. H. Baldridge.	Ohio.
Landes, Daniel W.	Dr. Samuel M. Eby.	Pennsylvania.
Lindsey, William	Dr. H. C. Davis.	Ohio.
Leslie, Samuel	Drs. Loy & Nelson.	Ohio.
Landes, Simon M.	Dr. S. M. Eby.	Pennsylvania.
Lenard, G. M. D.	Practitioner.	Indiana.
Luellen, Ephraim	George Granger, M D.	Ohio.
McWilliams, J. Q. A.	Dr. A. B. Lyman.	Kentucky.
Martin, Samuel E.	F. H. Judd, M D.	Pennsylvania.
Martin, W. E. C.	F. H. Judd; M D.	Pennsylvania.
Miller, Jonathan Ganes	Dr. J. M. Butcher.	Ohio.
Myers, Charles Oliver	M. J. Wilber, M D.	New York.
Morrison, Wm. C. M. D.	Practitioner.	Ohio.
Marshall, Samuel	Practitioner.	Illinois.
Millenger, James Hughey	Practitioner.	Illinois.
McFatrish, H. A.	F. H. Judd, M.D.	Pennsylvania.
McFatrish, James	F. H. Judd, M.D.	Pennsylvania.
McLaughlin, Josiah B.	F. H. Judd, M.D.	Pennsylvania.
McCarthy, Daniel W.	Prof. R. S. Newton.	Ohio.
McKenzie, Edward	Practitioner.	Ohio.
Nolen, James George		Ohio.
Nixson, John T.		Ohio.
Nye, G. Washington M D	Dr. W. Owens.	Ohio.
Osborn, Edwin Henry	Dr. M. N. Barber.	Wisconsin.
Parrish, Dabney Wilford	Practitioner.	Kentucky.
Parsell, Aaron Gardner	Dr. Bevier.	Indiana.
Paterson, James	Drs. Franklins.	Ohio.
Palmer, Jesse G. W.	B. A. Gallop, M.D.	Michigan.
Pagin, Lewis	John Dellenbaugh, M.D.	Ohio.
Pitts, John Chesley	G. W. Davis, M.D.	New York.
Quigley, Wm. Miles	Dr. Samuel Sperger.	Ohio.
Robertson, Stanley L.	Practitioner.	Illinois.
Richardson, Noble		Kentucky.
Robinson, Wm. Weaver		Ohio.
Ross, Thos. Gennings	Dr. Dennis Callahan.	Ohio.
Reynolds, A. Stocum M D	Prof. S. R. Potter.	New York.
Rucker, William	John Baxter, M.D.	Kentucky.

NAMES.	PRECEPTORS.	RESIDENCE.
Skeer, Daniel Jackson	Geo. W. Dickey, M.D.	Ohio.
Spangler, David	Dr. Samuel Bartges.	Illinois.
Smalley, Hiram Herbert	J. Pitts, M.D.	New York.
Stafford, Elam	Dr. N. S. Menshon.	Iowa.
Smizer, Wesley	Henry Smizer, M.D.	Ohio.
Smizer, Sarah	Henry Smizer, M.D.	Ohio.
Smith, Liddleton	F. M. Peterson, M.D.	Alabama.
Stubbs, Wm. P.	Dr. J. S. Wineland.	Ohio.
Stutzman, Christian G.	Andrew Bruce, M.D.	Pennsylvania.
Sherwood, Wm.	Prof. J. G. Jones.	Ohio.
Skurdall, John T. M. D.	Proctitioners.	Ohio.
Snyder, Jacob M. D.	Harvey Lewis, M.D.	Indiana.
Stephens, Thos. Nelson		Kentucky.
Stave, Bernard		Ohio.
Sampsel, A. Senior	Dr. D. S. Silver.	Ohio.
Thomas, James Com.	A. J. O. Bannon, M.D.	Kentucky.
Talcott, Edwin John		Illinois.
Tuke, Edward	Dr. Priesler.	Ohio.
Tillotson, A. H.	Dr. Tillotson.	Ohio.
Thatcher, E. H.		New York.
Tefft, Nathaniel Stacy	Dr. James Fenner.	New York.
Underwood, Israel	E. Potter, M.D.	Indiana.
Vandervort, Ira A.	J. W. Scroggs, M.D.	Ohio.
Van Tress, Elwood Moore	J. W. Scroggs, M.D.	Ohio.
Williams, Sampson	Dr. O. Williams,	Mississippi.
Webster, Chalmer M.	Obediah Prentiss.	Ohio.
Witt, Wm. Barton M. D.	Practitioner.	Ohio.
Weaver, Joshua	Practitioner.	Ohio.
Woodruff, A. Jackson	Dr. M. A. Kelly.	Ohio.
Woodruff, Gerard	Dr. M. A. Kelly.	Ohio.
Whittaker, George W.	Dr. Reading.	Ohio.
Youart, J. Milton	Prof. R. S. Newton.	Ohio.

GRADUATES OF THE WINTER SESSION, 1851-2.

NAMES.	STATES.	THESES.
Baker, A. C.	Ohio. . . .	Materia Medica.
Chase, William	Ky. . . .	Laryngismus Stridulus
Clary, Wm. James	Ohio. . . .	Venesection.
Dorah, James W.	Ky. . . .	{ Modus Operandi of Medicines.
Howe, Alex. T.	Va. . . .	{ Negative cause and Treatment of Dysentery.
Howell, John Gilson	Ohio. . . .	{ Relative merits of Eclecticism and Allopathy.

NAMES.	RESIDENCE.	PRECEPTORS.
Hunter, M. R.	Ohio. - - -	{ Milk Sickness, <i>alias</i> Sick Stomach.
Keith, D. M.	Ohio. - - -	Human Anatomy.
Kirby, Patrick	Ohio. - - -	Inflammation.
McWilliams, J. Q. A.	Ky. - - -	Dysentery.
Myres, Charles Oliver	N. Y. - - -	Intermittent Fever.
Mellinger, J. H.	Ill. - - -	Contagion.
McKenzie, Edward	Ohio. - - -	Bronchotele or Goitre
Osborn, E. H.	Wis. - - -	Lencorrhoea.
Pitts, John C.	N. Y. - - -	Fevers.
Quigley, Wm. Miles	Ohio. - - -	Dyspepsia.
Robertson, S. L.	Ill. - - -	Milk Sickness.
Robinson, Wm. W.	Ohio. - - -	{ Eclectic Medical Re- form.
Kelley, M. A.	Ohio. - - -	Path. & Treat of Dys.
Sherer, D. Jackson	Ohio. - - -	Spermatorrhœa.
Spangler, David	Ill. - - -	Phthisis Pulmonalis.
Smalley, Hiram H.	N. Y. - - -	{ Reflection on Man's Relation to Nature.
Smith, Liddleton	Ala. - - -	Conjunctive Fever.
Sampsel, A. Senior	Ohio. - - -	
Thomas, J. O.	Ky. - - -	Eclecticism.
Talcott, E. John	Ill. - - -	{ Intermittent Fever, its Character & Treatment
Weaver, J.	Ohio. - - -	Inflammation.

MATRICULANTS IN THE ECLECTIC MEDICAL INSTITUTE.

NAMES.	PRECEPTORS.	STATES.
Ambrose, John	Preceptor,	Miss.
Ambrose, Rebecca M.	Dr. John Ambrose,	Miss.
Aldrich, Richard L.	Drs. Clock & Gibson,	Pa.
Allin, Thompson Ware	Dr. J. W. Terrill,	Mo.
Byron, Dennis William		Ohio.
Burnside, Aaron Wallace	Dr. Blymire.	Ohio.
Barber, Lewis	W. J. Hotchkiss, M. D.,	Ohio.
Brackin, James	Dr. R. Brackin,	Ohio.
Borie, Cherie	No preceptor,	Pa.
Bishop, Hiram W.	G. W. Saxton, M. D.,	N. Y.
Beach, Edward E.		Ohio.
Bevier, William	Practitioner,	Ia.
Blowers, Adam Clark		Ohio.
Briggs, Gilbert Adam		Ohio.
Boeswell, Allison		Miss.
Brown, Miss Caroline	Dr. Gleason,	N. Y.
Burns, John B.		Ohio.
Cristler, Benj. M.		Ky.
Cooke, Hugh		Ohio.
Cowan, Austin M.	Drs. Judd & Martin,	Pa.
Curtis, Jonas Bacon	J. W. Button,	N. Y.
Coates, Edmond John	A. Shepherd, M. D.,	Ohio.
Cooper, Elijah Townsend	E. W. Townsend, M. D.,	Pa.
Chase, Owen Gerrald	Isaac Train, M. D.,	Ohio.
Crampton, A. B.		Ohio.
Clearwater, Reuben M.	Z. Wakefield, M. D.,	Ia.

NAMEs.	PRECEPTORS.	RESIDENCE.
Cox, Wm. Shotwell	Wilber, M. O.	Ohio.
Davis, Judson		Ohio.
Finney, A. B.	Practitioner,	Tenn.
Farris, Michael		Ky.
Frisbie, John B. S.	J S Frisbie, M D,	Ky.
Finkbine, Wm,		Ohio
Galloway, Jos. S.		Ohio,
Gilroy, Patrick		Ohio,
Hitchcock, Jos. Griffin	Drs. Clock & Gibson,	Pa,
Hull, Henry C.	Dr. J. W. Hull.	Ia,
Hastings, D. Crockett	Dr. W. H. Misiok,	Ill,
Hull, John	Dr. Henry Hull,	Ohio,
Hollister, James	Drs. Chase & Watts,	Ohio,
Hicks, Wright	Dr. Gibson,	Va,
Hall, Thomas Elias	Practitioner,	Ohio,
Harrington, Mahlon T.	E. Mc Kenzie, M. D.	Ohio,
Hattan, George		Ohio,
Hawkins, John S. M.	Practitioner,	Ia,
Heald, Albert	L. N. Van Sandt, M. D.	Ohio,
Jump, Dennis Parks		Ill,
Karshner, Wm. Whittman	Drs. Franklins,	Ohio,
Karrison, Harlan	Drs. Broffett & Peck,	Ohio,
Kraps, John	Dr. E. A. Farguher,	Ohio,
Lackey Tra	J. W. Scroggs, M D.	Ohio
Lee David Janus	L. Abbott M. D.	Ia.
Martin S. E.	Dr. Judd & Martih,	Pa.
Marsh, Newton Franklin.	Prof. Kenworthy,	N. Y.
Munger, Henry	Dr. Gibson	Ohio,
Murphy, James. H.	Practitioner,	Tenn,
Murphey, Andrew J. K.	No Preceptor	Ohio,
Maupin, Ayres	Practitioner,	Tenn.
Mc Patryck, James,	Dr. Judd,	Pa,
Nolen, James, George,		Ohio,
Palmer, Jesse, G. W,	B. A. Gallopp, M. D.	Mich,
Patterson, James	Drs. Franklins,	Ohio,
Redfield, Sylvester	Dr. H. Morgan, M. D.	Ia
Rucker, William	J. Baxter, M. D.	Ky.
Roe, James		Ky,
Rogers, John Flemming	Dr. G. Smith,	Ky,
Rice, Milton	W. Paine, M. D.,	Ohio.
Stutzmann, Christian G.	Dr. A. Bruce,	Pa,
Sherwood, Wm.	Prof. I. G. Jones	Ohio,
Skeer, John Dagan	J. S. Ormsby, M. D.,	Pa,
Swaim, David Guskil	W. J. Hotchkiss, M. D.,	Ohio.
Simmons, Noah	Dr. J. M. Beomers,	Ohio.
Sachse, Matthias H. S.	Dr. Lutze,	Ohio.
Smizer, Wesley	Henry Smizer, M. D.,	Ohio.
Smizer, Sarah	" " " "	"
Stuve, Bernard		Ohio.
Smith, James Phillip	W. C. Morrison, M. D.,	Ohio.
Terry, William	Dr. Hubbell,	Ohio.
Thatcher, Elonso H.	H. C. Taylor, M. D.,	N. Y.
Tefft N Stacy,	Dr. J. Fennar,	N. Y.
Tibbetts, Isaac		N. Y.

NAMES.	PRECEPTORS.	RESIDENCE.
Williams, Allen	Practitioner,	Ohio.
Whitaker, Geo. W.	Dr. C. Reading,	Ohio.
Williams, Sampson		Miss.
Witt, Wm. B.	Practitioner,	Ohio.
Yount, J. Milton	Prof. R. S. Newton,	Ohio.
York, Jesse W.	Dr. S. York.	Ill.

GRADUATES OF THE SPRING SESSION, 1852.

NAMES.	STATE.	THESIS.
Ambrose, John	Miss.	{ Procreative faculty of Man, its uses and abuses.
Allin Thompson Ware,	Mo.	
Bishop, Hiram W.	N. Y.	Erysipheles.
Bevier, William	Ia.	Dysentery.
Burns, John B.	Ohio.	Hepatitis.
Cowan, Austin M.	Pa.	Measles.
Cox, Wm. Shotwell	Ohio.	Phrenitis.
Crisler, B. M.	Ky.	Dysentery.
Finney, A. B.	Tenn.	Gastretis.
Galloway, Jos. S.	Ohio.	Typhus Fever.
		{ The Medical Pro- fession.
Gilroy, Patrick	Ohio.	
Hull, Henry C.	Ill.	Eclecticism.
Hastings, D. Crockett	Ill.	Hepatitis.
		Insanity.
Hawkins, John S. M.	Ia.	{ Indigestion, or Dys- pepsia.
Heald, Albert	Ohio.	{ Duties of the Eclectic Physician.
Harrison, Harlan	Ohio.	
Martin, S. E.	Pa.	Medical Reform.
Marsh, Newton F.	N. Y.	Pneumonia.
Mc Patrick, James	Pa.	Fever.
Nolen, J. George	Ohio.	Phisiology.
Palmer, J. G. W.	Mich.	Pleurisy.
Patterson, James	Ohio.	Man and the Lungs.
Rice, Milton	Ohio.	Cholera.
		Typhoid Fever.
Skeer, John Dugan	Pa.	{ Tuberculous Con- sumption.
Sherwood, William	Ohio.	
Stutzman, C. G.	Pa.	Excessive Medication.
		Eclecticism.
Saches, M. H. S.	Ohio.	{ True Position of the Medical Eclectic School of America.
Thatcher, E. H.	N. Y.	{ Qualifications of a Physician.
Tefft, N. Stacy	N. Y.	
Williams, Allen	Ohio.	Croup.
Williams, Simpson	Miss.	{ General Pathology & Counter Irritation.
		Intermittent Fever.

AT THE SAME TIME THE DEGREE OF M.D. WAS CONFERRED UPON
Adolphus Thumel, M.D. Tenn. W. Crawley Morrison, M.D., O.

HONORARY DEGREE.

Stanley L. Robertson, M.D., Ill.

RECAPITULATION.--The total number of matriculants for 1851-2, was 318. Of this number, there were 58 graduates.

THE
ECLECTIC MEDICAL JOURNAL.

Vol. IV.

October, 1852.

No. 10

PART I,---ORIGINAL COMMUNICATIONS.

CHLOROFORM.

BY O. E. NEWTON, M.D.

The subject of administering anæsthetic agents in surgery, continues to receive the attention of all classes of physicians, both in this country and in Europe, and notwithstanding some opposition at first, these agents are at present employed in many instances of disease, but more especially during the performance of surgical operations. As there are some physicians, particularly those engaged in a country practice, who have not the opportunity for studying their specific influences on the human system, nor the advantages resulting from their use. The following few brief remarks, of a practical bearing, may not come amiss:

The history of these agents, is, I presume, well known to all medical men, and will need no reference here. The Letheon or Ether, was the first article made known to the medical profession, and was introduced into Cincinnati some six years since. The first person who employed it in this city was Dr. Darling, Dentist, who administered it to an individual about to have one or more teeth extracted, being assisted by my brother, Dr. R. S. Newton, it was found to produce insensibility to pain during the operation, and was succeeded by no bad results. After this, it became in general use among our surgeons and dentists.

Originally, the Letheon was placed within an instrument or inhaler, from which it was inhaled, but this was soon ascertained to be an improper mode of inhalation, in consequence of the small amount of atmospheric air inhaled with it—a certain portion of which is necessary to be present, in order to overcome any unpleasant or serious effects which might ensue from inhalation of the pure Letheon, undiluted with air. This instrument, was, therefore, generally laid aside, and the sponge or napkin substituted.

The article more generally preferred by physicians for the pur-

power of inducing anæsthesia is chloroform, an agent which induces this condition more readily than the Letheon, and with less cerebral excitement; it is, also, more easily inhaled, and maintains greater regularity of action. A few, however, still prefer the Letheon.

Dr. R. S. Newton, as well as myself, have employed this agent in hundreds of instances, and invariably with success, without any dangerous symptoms either during its influence on the system, or subsequently. Our usual mode of administering it, is, to have the patient lie down, in preparation for the operation; the chloroform is then poured upon a napkin or cup-shaped sponge, the former being preferred; which is held to the nose, not too closely, and the patient requested to slowly and regularly breathe or inhale it; generally, in from one to five minutes, anæsthesia is produced. However, the time and quantity of liquid necessary for effecting this, will be found to vary in different individuals, owing to their susceptibility to its action. In some, the smallest amount will be found sufficient to answer the intended purpose, and in others, it will require a large quantity, even to two or three ounces, and an inhalation of it from ten to twenty minutes. In a few of my own operations, and some in which I assisted my brother, the inhalation has extended to forty minutes, before its influence was made manifest.

During its inhalation, the patient must be carefully watched; the condition of the pulse, especially, must be attended to, and if it becomes weakened, fluttering, or irregular, the chloroform must be immediately removed from the nose, and another napkin applied to it for inhalation, on which some strong aqua ammonia has been poured, or the ammonia may be inhaled from the mouth of the vial containing it; this will, as far as my experience has determined, invariably restore the strength and normal frequency of the pulse; after which, the chloroform may be again applied if sufficient insensibility has not been produced. In applying the ammonia be very careful not to get it upon the surface. The only death that has occurred from anæsthetic agents in this city, as far as I am informed, was when a dentist failed to have ammonia on hand, and before it could be obtained it was too late. The precaution of having on hand a three or four ounce vial of strong ammonia, should be rigidly observed by every individual who attempts the administration of chloroform; to neglect this I consider highly reprehensible, as it will be found absolutely necessary in all instances where sinking manifests itself, to prevent and overcome it. Indeed, I am confident that I have seen several persons under the influence of chloroform, in which symptoms presented themselves that would have led to a fatal termination, but for the precautionary measure of having within reach a vial of ammonia. The serious results which we occasionally observe on record, are no doubt, in many instances, attributable either to a neglect of this matter, or to the untimely application of the stimulant,

the influence of the chloroform having been allowed to proceed, until the application of remedial measures were made at *too late* a period for beneficial results. I have, several times, noticed an entire suspension of the action of the pulse, which has been speedily overcome by the careful inhalation of the aqua ammonia.

But, notwithstanding the several cases reported of death from the inhalation of chloroform, statistics show us, that taking an equal number of operations performed *with* the use of this agent, and *without*, there have been *more* deaths among those in which it was not employed, *from the nervous shock alone* caused by a preparation to endure the inevitable sufferings of the knife, together with the horrors of the imagination, than have followed the induction of anæsthesia. Besides which, I am thoroughly satisfied, that many operations have been successfully performed *with* the chloroform, which could not have been undertaken without it.

Some few weeks since, there came to this city, from Madison, Georgia, Mr. S. Floyd, for the purpose of having a tumor removed from the side of his neck. My brother, Dr. R. S. Newton, was induced to operate, *solely* from the fact that the patient was willing to give him the only assurance of success, *perfect quietness*, by inhaling chloroform. The tumor extended from below the ear to the chin below the inferior maxilla, was attached to the jaw and passed in under the tongue; as the carotid artery passed through it, and the jugular vein also being involved, the operation was difficult and more painful than could have been endured by the patient without this agent. Though with it, he has been relieved, and will soon return home to fill his position as a public officer.

In the year 1849, my brother removed a cancerous breast from a lady residing in Kentucky, which measured twenty seven inches in circumference, and which, when removed, weighed eleven pounds. A few days previous to the operation, several of the most eminent physicians of the country, pronounced it absolutely impossible to remove it without the loss of life. However, as she expressed a great desire for its removal, and knowing the advantage of chloroform in such cases, my brother determined to operate. The operation occupied but three minutes, and the lady on recovering from the influence of the agent was astonished and could hardly believe that the tumor had been removed, as she experienced no pain whatever during its removal. He ultimately effected a cure, and the lady is still living in Kentucky.

A few days since, my brother and self, removed a schirrous tumor that was growing very rapidly on the breast of a timid young girl of fifteen, who, I am satisfied, must have died under fear of an operation, had she not been fully convinced that it could be performed without pain.

From what observations I have made relative to the use of chloroform, I can fully sustain the statement, "that the patient is not likely to be troubled with consecutive fever." And, it is cer-

tainly, quite remarkable to witness the extensive operations in which this article has been employed, without any subsequent troublesome symptoms, or in which but little medication is required to combat after effects.

Notwithstanding all the reputed bad effects of chloroform, I honestly believe, that it is safer and superior to the Letheon ; and that its employment is attended with but a fraction of danger when compared with the results following a use of the various articles of the *materia medica*, claimed as the "principal, prominent, and important." Likewise, that if the skilful physician will pursue the above course for its administration, he will find it the safest and most successful. And in all operations where the absence of pain is an important item, the physician who would hesitate to use chloroform, would prove himself devoid of all that kindness of feeling and sympathy which should characterize every member of the profession, and by allowing prejudice to take precedence of duty, is unworthy the honorable title he has assumed.

Cincinnati, September, 1852.

A MEDICAL REFORMER.

BY PALEMON JOHN, M.D.

Half a century has passed and gone since the rise, and dawning of the light-giving, darkness-dispelling sun of *Medical Reform* and now, standing as we do on the axis of the *Nineteenth* century we may take both a retrospective glance at the past, and a perspective one at the future. And what then must be the thoughts and anticipations of the faithful and devoted reformer—he that has spent the best years of his life in working for the advancement and success of the cause he has espoused ; who can fathom them who "their depths portray?"

Yes—the *Medical Reformer*,—but, who is he? Be patient Readers and

"I'll tell,"

or write at least of *one*, in my mind's eye, who is "of our faith," and an honor to his profession and kind.

"Some men are *born* to greatness
And some have greatness thrust upon them,"

but our *Reformer* preferred achieving it. He became disgusted with Old grey haired *Medicine*, because of its short comings, contrarieties and horrible *fatalities*. Instead of diminishing the frequency of disease and prolonging human life

"'til like ripe fruit men drop
 Into their mother's lap, or be with ease
 Gathered, not harshly plucked, in death mature,"

he found it to be a prolific source and *cause* of disease, making frightful additions to the painful catalogue of ills, and hastening its millions of all ages and from all conditions of life into the

"undiscovered country."

He felt that all was not right, that there was "something wrong." He had thought it the designs—the aims and objects of medical science to benefit and bless the race, and with this belief he embarked in the profession with energy and zeal; went through the routine of study required by the schools, and commenced practice—an important epoch in a medical man's life, the commencement of practice—perfectly "bewitched" with the bright and dazzling theories beat into his attentive tympanum by some *oracular* Professor—who by the way never *tested* their truthfulness or falsity where *all* theories should be tested, in the laboratory of the *sick room*. But alas! in their application he found them to fail—aye, fail too, where he had most expected and *most desired* them to succeed, to prove true. The lives of a valued friend—a wife, a mother—an *only* child were at stake, and tearful friends with pent up anguish

"too big for words,"

begging of him to stay the march and loose the grasp of the merciless monster. He *tried*—made a *powerful* effort, but alas! all in vain. A sad and mortifying disappointment was but the result, his *patients died*. Oh! how it abated his ambitious but generous enthusiasm in his profession; how his confidence in the *beneficent* tendencies of medicine waned, and how nearly was he ready to pronounce the whole an imposition, a *humbug*, a *curse*.

His ideas of what medicine, its tendencies and results *should be*, were correct. After a time he heard of Medical Reform. He *examined—investigated* it, and with a moral heroism characteristic of the Philanthropist and Friend of man, despite of professional ostracism and the sneers and coldness of friends that

"Bowed where thrift might follow fawning,"

he enlisted under its banner. And oh! the change, *no pathogenetic* medication, *no salivating*, *no mercurial fetor*, *gangrenous gums* nor *loosened teeth*: not any of these, nor does a *horrible death* close the *scene*; his patients *speedily recover*. Now, what before was obscure and dark, is luminous and bright, the enthusiastic admiration he bore in earlier years for his profession revived, his "first love" returned, and with all the spirit and energy of a *man* he struggles *as* he has been struggling for years, against influences the most disheartening for the universal adoption of the humanity blessing principles of Medical Reform.

And, I repeat, as he

"a moment halts"

at this era of Reform's eventful history, the fifty-second year of the nineteenth century, and retrospects the past, and beholds the glorious and mighty achievements won, and reflects upon the gratifying fact that the gospel of Reform which, at the ushering in of this century, was preached only by an insignificant and humble few, already numbers its millions of believers. How must it encourage him, how must it inspire trust and hope in the future, that ere another fifty years are buried in

"The tomb of Time"

the medical horizon of our land will be no longer darkened by the murky clouds of Allopathy, but that the benign radiance of Young Physic will be shed upon, and appreciated by all. Glorious and much desired period. But he.—the *devoted* Medical Reformer, from past experience knows this "good time" will never come without sacrifice and toil. *He* does not quietly fold his arms and sit idly down, as doth the *staggard* in Reform, in anticipation of a medical millenium soon appearing *without* action or effort, that because our reformation possesses such intrinsic merits, its foundation and basis being the eternal rock of Truth, it *must* triumph whether its friends work or sleep. No—no. He has been a close and faithful *student* of the Past, and he finds the History of the world

"From times first dawn
To the present hour,"

teaching no such lessons. All the movements of change or reformation that ever blessed mankind did not accomplish *anything* until they received the *aid of man*, and that just in proportion to the co-operative exertions of men did they benefit and bless. He believes the cause he has espoused to be as noble and as magnanimous, and that this reformation is as loudly demanded as were those in the ages of the Luthers and the Foxes, and hence the need of the same incessant and vigilant action which ever characterized them. He *does* act—works and *works on*

"Slumbering not
Nor weary growing,"
In "battling for the Right,"

This short sketch of a Medical Reformer is drawn from life; no fancy sketch but a *reality*. And tell me, are there not a number of those that have enlisted under the New School banner to whom this short portraiture will apply? men who, for the "good of all," forsook position; where they could have basked at their ease in the very sunshine of prosperity and popular applause? These possess the Archimedian lever by which they will shake Old hoary headed Physic to its very foundation, and move the world of

human thought and intelligence, as with an "earthquake impulse," from circumference to centre.

Let all unite, co-operate and work together in this great movement. Let each member of our Profession

"His mission fill
And duty do"

and then will a Medical Temple be reared

"Whose lovely columns will stand sublime
Casting their shadows from on high,
Like dials which the wizard Time
Has raised to count the ages by."

Millvill, Pa., 1852

GELSEMINUM SEMPERVIRENS (WILD JASMINE.)

BY J. B. HICKMAN, M.D.

I have been a reader of the Eclectic Medical Journal several years without contributing any to its pages, but believing the above article to be novel to the medical profession in general, I deem it my duty to lay before it, in a laconic and explicit manner, through your journal, its properties and uses, which doubtless will be of some importance to the medical fraternity and an invaluable article in the *Materia Medica*. Having used it nearly one year in about one hundred cases of fever without a failure in any case I will proceed to give the description, locality, medical properties, and uses in a brief manner.

There are two kinds of the *Gelseminum*, one the *Gelseminum Sempervirens*, the other the *Gelseminum Nitidum*. The *Sempervirens* is the one mostly used although both appear to have the same properties. The *Gelseminum Sempervirens* is of the fifth class and second order, stem twining, smooth glabrous leaves opposite, perennial, lanceolate, entire dark green above, paler beneath; petioles short. It is mostly found in the Southern States.

Medical properties. Antispasmodic and slightly Anodyne, it is rather peculiar in its action as an Antispasmodic. The nervous system being gradually brought under its influence, and it ceases to have its effect in like manner. It neither produces nausea nor vomiting in any case, so far as I have tested it.

A good way to prepare it is with the Hydro-Alcoholic Extracter but a more convenient and entirely efficient way is, to take the green roots well cleansed and bruised and make a simple saturated tincture by filling a light vessel of any size with them, and pouring on good whisky till they are covered, then let it stand and macerate ten days, when it will be ready to strain and bottle for

use. I generally give an adult 30 drops of this tincture every two hours till three doses have been taken, males frequently require a few drops more, but 30 is as much as most females require.

When I wish to bring them under its influence quickly, I give larger doses, and at shorter intervals. In all cases of fever I give from three to six grs. of quinine with each dose of the *Gelsemium*. This tincture given with the quinine generally prevents the rush of blood to the brain, for it has its antispasmodic effect before the quinine effects the system. The whole nervous system will become relaxed *without the quinine* and the fever will abate, but in a few hours the system will relapse again, hence it is always advantageous to use it in connection with the quinine.

The above course has never failed to break up any attack of Remittent fever in from 6 to 10 hours by first giving some mild Cathartic. I have given it in some bad cases of Typhoid fever where the liver was very torpid and it failed to have the desired effect, till I gave a Cholagogue Cathartic, such as the Podophyllin or Leptandrin, and when this had its effect, I repeated the quinine and *Gelsemium*, and they have never failed under any circumstances to produce convalescence. It frequently produces great relaxation of the whole nervous system with dimness of vision but no deleterious effects follow, for it passes off in a few hours; it should be given in all cases till it produces drowsiness and heaviness of the eyes, the patient being scarcely able to hold them open. I will give the manner of treating a few cases in detail.

Case 1. I was called to see Mr. C. aged about 36 years, at 2 o'clock P. M. who was laboring under a severe attack of Remittent fever, I gave a cathartic and ordered his feet bathed and left for him 15 grs. quinine and 90 drops of *Gelsemium*, with directions for them to be taken in 3 doses one every two hours commencing as soon as catharsis was freely produced. I called on him next morning and found him sitting up free from fever but a little weak; this is only one case out of a large number, but answering as a fair specimen of the duration of all cases of Remittent fever so far as my experience extends.

Case 2. I was called to see Mr. G. aged 29 years, at 4 o'clock P. M. and found him laboring under severe symptoms of Pneumonia, dull deep-seated pain and tightness in the left side of the chest, difficult respiration, frequent coughing with blood expectoration, headache, great heat and dryness of the skin, pulse 105.

On percussing the chest I found the inferior half of the left lobe of the lungs hepatized. I gave the acetous emetic tincture till I produced emesis, then ordered sinapisms to the chest and warm bricks to his feet and left him gr. 2 quinine, and 90 drops of the above tincture to be taken in 3 doses, one at 5 o'clock and repeat every 2 hours; I called early next morning and found him in the act of setting down to the table to take some nourishment, but very weak, the pulse was natural, the cough had nearly

ceased, and he had rested well during the night, and in 2 or 3 days he was able to perambulate the streets.

Case 3. Mr. E. aged 69 years, had an attack similar to the above case of Pneumonia, only the pain was located on the right side just under the nipple, respiration more difficult and the pulse more frequent, expectoration the same. I gave some diaphoretic teas, had his feet bathed and warm bricks laid to them, and gave the quinine and gelsemium as above named. He rested well during the night, had no fever next morning, sat up some during the day and was well in a few days without further medication except a few doses of expectorant. All cases which I have treated have resulted in like manner. I consider the Gelsemium one of the most valuable remedies in the *Materia Medica* in the treatment of Pneumonia. I gave no cathartic in either of the cases of Pneumonia as they informed me that they had taken some purgative pills the previous night, and that they had their effect.

Case 4. I was called in great haste to see the daughter of Mr. M. aged 14 years, in consultation with Dr. F. who was the family physician, and found she had been quite ill for about 2 weeks with Typhoid fever, and unable to turn herself in the bed, it was with great difficulty she could articulate audibly even monosyllables, lay with her eyes nearly closed and was indifferent to surrounding objects, pulse very feeble and frequent.

After hearing what Dr. F. had given, I proposed giving some Gelsemium with a few grs. of quinine in each dose, to which he readily acceded from my description of its effects, although he had never seen it used. We had it given and some external applications used. This was on Tuesday and next morning there was an amelioration of all the symptoms, and on Thursday the quinine and Gelsemium were repeated, on Saturday she evinced a strong desire for food, and continued improving rapidly till she was well. Mrs. S. nearly 50 years of age and plethoric, was taken with the worst attack of Nephritic Colic I ever witnessed, I gave her a small portion of Morphia and relaxed her system with this relaxant and kept her under its influence a few hours, when the calculus which was formed in the kidney seem to pass through the Ureter into the bladder, and she was quickly free from pain and well. I also gave it to Mr. J. (who had been the subject of several attacks of Bilious Colic,) relaxing his system till catharsis was as easily produced as in other diseases, and he was quickly restored to health. It has generally taken the Allopaths from three to six days to act on his bowels with their Mercurial cathartics and clysters. I merely mention the last two cases that others may test it in similar ones and report, for I have only used it in these two cases. It is also valuable in Dysmenorrhœa and Nervous headache, it may be given with safety to all ages, sexes and conditions in life.

Canton, Mo. 1852.

SYMPATHETIC ACTION OF SIMILAR STRUCTURES.

BY C. H. CLEAVELAND, M. D.

I have recently observed a somewhat curious illustration of the *sympathetic* action of similar or identical structures in different parts of the system, when laboring under a local disease.

Some time during the past winter Mrs. S. was attacked with an inflammation at the root of the nail of one of her fingers, which produced suppuration, and finally the nail sloughed off, leaving the end of the finger nude until the new nail grew. As this new nail advanced it was rough and irregular as is usual in such cases, and what was noteworthy *all the nails on both hands grew after a similar irregular manner*, and now present an appearance almost exactly like the one that was diseased.

This roughness of the other nails commenced near their roots and grew towards the ends of the fingers, as the new nail was formed, and the irregularity, progressed in all the ten nails alike. At the present time, the nails have grown out entirely to the end of the fingers, which all present the appearance of having recently lost their nails.

It has often been said that pain or disease was transmitted to similar structures in distant parts of the body through the *nerves* distributed to those parts, which were said to have a common origin; but such cannot have been the case in this instance, unless it can be proved that *nerves* enter into the structure of the nails. How shall the phenomenon be explained?

Waterbury, Vt. June 1852.

A CASE OF SUPPRESSION.

BY JAMES F. X. MCCLOSKEY, M. D.

"There be deeper things than these lying in the twilight of truth, but few can discern them aright, from surrounding dimness of error."

The present case is not without considerable interest, as tending to show the mistaken views of certain practitioners of the old school as well as exhibiting the value of Eclectic remedies when judiciously administered. It were needless to occupy a large space in your columns by enumerating the different processes of medication to which this case was subjected, and the utterly futile attempts at cure until effected by means which, however much they may excite the ridicule of our dissenting brethren, yet evidently bear the impress of truth and success. I shall therefore content myself with presenting to you some of the more prominent

symptoms exhibited by the case upon my first interview. I should premise that in the opinion of the patient and her family, the case was considered hopeless, and to use the expression of the invalid herself, she declared that "life is to me a burden, would that I might lie down and die." She has been the subject of varied medical treatment for the space of nearly five months.

Miss Jane C——, aged 17; the face and lips were pale and œdematous, as well as the hands, legs and feet; the abdomen tumid; slight exercise induced palpitation and dyspnœa, there was an indisposition to move about the house; loss of appetite, disturbed sleep; the pulse small, irritable and frequent; the bowels obstinately constipated; a constant metallic taste in the mouth; night perspiration occasionally; a total absence of the menstrual flow, and a settled melancholy seemed to brood upon all her faculties.

The patient was ordered Leptandrin, grs. viii; Podophyllin grs. xvi; divided into four parts; one to be taken in syrup, morning and evening—no improvement upon the second day after, Leptandrin grs. iii., Podophyllin grs. vi., was ordered, together with an enema, of warm water one pint, common salt 3ss. ol. Terebinth 3 iii., one half to be given immediately, the rest if required in four hours after. This treatment procured a small evacuation of indurated and fetid feces. The urine before *pale* and *scanty*, were now more coloured and copious. The Leptandrin and Podophyllin were continued, but at longer intervals, while the dose was gradually diminished. 20 drops of *ess. Cyriped. pubes.* were administered at bed time, which produced quiet and refreshing sleep, to which she had hitherto long been a stranger.

Upon the fifth day of this course of treatment, the bowels were exonerated of a very large quantity of greenish black feces, possessed of some considerable consistency and of a most intolerable stench. This producing some degree of exhaustion wine was found necessary and the patient was likewise ordered beef tea, *ad libitum*. From obstinate constipation, the reverse ensued, but yielded to Rhusine grs. ii. *ess. Cyrip. gtt.* v., every two hours. The bowels having been regulated after a few days, the patient was directed to take of Hydrastin grs. iv. Macrotin grs. iii., morning and evening, while a strong infusion of chamomile was given in wine-glassful doses in the interim. A sensation of weight and pain in the loins, together with the appearance of a very pale and scanty discharge from the vagina induced the exhibition of Macrotin and Senecin *a. a. gr. i.*, every third hour conjointly with the warm semicupium.

The discharge disappearing after a few hours, no attempt was made directly to renew it. Hydrastin gr. i, Stillingia grs. ii, Sulph. Ferri gr. i, Ext. Gentian grs. iii, to be taken in syrup, thrice daily—a well regulated and generous diet was recommended and under this treatment the patient began to convalesce rapidly, con-

sidering the length of time she had been an invalid. I must confess that after the first few days, my patient was very particular in complying with the directions given her.

In a short time the treatment proclaimed for itself the victory it had obtained over the previous attempts of Allopathy and Homœopathy. The treatment was continued until the next appearance of the menstrual flow, which occurred in 18 days after its previous "scanty show," since which time I have been informed of its almost regular return at a certain time, and the young lady has resumed her ordinary duties with renewed health and vigor. She has at the same time purchased a lesson which however dear the price, will, I am assured, prove most salutary; and in order that it may be of benefit to others, I will simply state that the cause of her suffering was to be attributed solely to her own imprudence. An attempt was made to postpone the appearance of the menstrual flow, by making use of a very cold foot bath during the month of February, in order to be rid of its annoyance upon an approaching occasion of high festivity.

This course of treatment, will, I presume, bear even the scrutiny of the Botanico-Medical Recorder. The assertion (however unwarrantable, unjust and ungenerous,) that "Eclectics care not a fig for principles, or practice, only so far as they take in the community, or render a practitioner popular, and give him plenty of money and business, is untrue. If they possess popularity, they must necessarily have business, and if they become wealthy, it is the reward of toil—a public remuneration for the slanders of envious and less successful competitors for the self same honors, which they so loudly decry, because mental imbecility places them beyond their attainment. "Fiat justitia ruat cælum;" if Eclectism, or more properly speaking, Eclectic Medicine be a "humbug," let it be shown; the field is open to investigation, the subject to discussion. I must beg pardon for even this passing notice of such gross misrepresentations as those contained in the Journal to which I have alluded, and would remind my professional brethren, that on such occasions and to such persons, their "silent scorn doth deeper aggravate the foe than loud cursing malice."

Philadelphia, Sept. 1852.

PERMANENT STRICTURE AND A NEW INSTRUMENT FOR ITS CURE ACCORDING TO THE DI- LATING PRINCIPLE.

BY O. E. NEWTON, M.D.

STRICTURE DILATOR.

DESCRIPTION.

C This instrument measures thirteen inches in length.

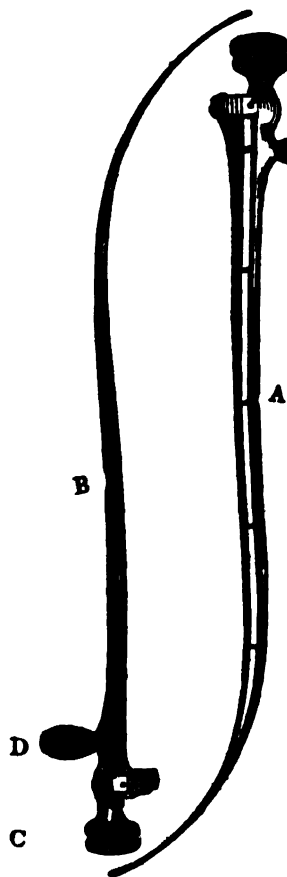
The smaller end one twelfth of an inch.

D It tapers from the thumb piece marked "D" to the smaller end.

The instrument as marked at "A" shows it dilated in a case where the urethra would be upon the stretch.

"B." shows the same instrument closed, ready to be introduced.

"C." The screw, by the turning of which you dilate the instrument to just the amount of pressure you desire. Upon referring to "A" you will observe five upright *distenders* the lower ends of which are permanently attached to the inferior half of the instrument. The upper ends are fixed to a small screw running in a groove situated in the lower side of the upper half. The small screw is a continuation of "C.," by the turning of which to open the dilator, you force the tapered portion of the screw along the groove, which when opened, makes the upright pieces perpendicular. When it closes, the screw is again turned the opposite way, and they are drawn back allowing the instrument to close; as represented by B.



[The principal object of this article is to furnish a cut of the instrument lately introduced to our physicians, by Mr. W. Z. Rags, manufacturer of Surgical Instruments, No. 71, West Sixth street, Cincinnati.]

In looking over the different authors upon this disease, I find none so accurate in their description, as Mr. Barnaby B. Cooper, in his late work, "Cooper's Lectures on Surgery."—pp. 141 and 144.]

"Permanent Strictures.—The kind of stricture termed permanent consists in a contraction of some part of the urethral canal from the formation of an adventitious deposit. It does not exist in the urethra itself, but in the cellular tissue between the mucous membrane and corpus spongiosum, the mucous membrane being pressed inwards so as to reduce the size of the canal at the point at which the deposit is produced. This deposition of matter, and consequent morbid contraction of the urethra, may result from various causes, which, either in an acute or chronic form, may give rise to the stricture. Protracted gonorrhœa, is, as I have already stated, the most frequent cause; but external injury, an acrid state of the urine, or anything that can produce an irritable stricture, may also be the means of establishing a permanent one.—The bulb of the urethra is the part most liable to stricture, as it is not only the most vascular, but composed also of a large quantity of cellular tissue: it likewise, from the close vicinity of the ducts of Cowper's glands, is very subject to become implicated in the diseases that attack them. Some surgeons state that the membranous part of the urethra is often the seat of stricture; but such is not the case; and anatomically, it will be readily seen why it should not be so, owing to the small quantity of cellular tissue which surrounds it, and the absence of corpus spongiosum: it may, however, be subject to temporary constriction, from the contraction of Wilson's muscles, which completely encompass it.

"The result of stricture is necessarily a difficulty in passing the urine; and, therefore, increased muscular action is required in the bladder and abdominal parietes to force the fluid through the contracted urethra. The violence with which the urine is propelled against the stricture tends to excite further irritation: the obstruction consequently becomes increased; and if, at the same time, the subject of the disease pays no attention to dietetic rules, and exposes himself to vicissitudes of temperature, the difficulty of micturition increases, and every symptom is aggravated: still, it is surprising to remark to what an extent patients will allow the disease to proceed before they consult a surgeon. Nothing can be more unwise than such procrastination; for during the delay the bladder becomes thickened, its capacity correspondingly reduced, the ureters enlarged, the pelvis of the kidney distended, its secreting portion compressed, and the secretion of urine diminished,—all which effects are more or less the consequence of not early seeking medical advice; the result being, that in addition to these symptoms of the disease itself, the general health of the patient is likely to become affected. The delay on the part of individuals suffering from this complaint, can only be accounted for by the insidious manner in which the symptoms follow each other; and I have known persons submit so long to the difficulty in passing the urine, that the urethra has at length given way behind the stricture, and extravasation of urine into

the perineum had occurred before any medical assistance had been sought.

"The first complaint of a patient in this disease is generally, that he experiences a difficulty in passing his water, which act requires a much longer time than is natural; and after he believes that the bladder is emptied, the desire for further évacuation immediately returns, and an additional portion, equal in quantity to the first, is voided, the stream in which it escapes from the urethra being remarkably small and tortuous. The frequent inclination to make water is almost invariably an early symptom of strictures and sometimes an involuntary dribbling comes on, which causes great inconvenience and annoyance. These symptoms vary very much in degree, and are increased by any kind of intemperance, and by exposure to wet and cold: abstinence and quietude are, however, sure to afford relief. It is this fluctuating character, and the occasional cessation of the systems, that probably induce the patient to defer so long any application for medical assistance. When consulted under such circumstances, the first step will be to make an examination of the urethra, by passing a bougie; this is generally done while the patient is standing with his back against a wall, but I think this a bad plan, for patients are very liable to faint upon the introduction of the instrument, even although they do not experience pain. I therefore consider it better that the individual should be placed in the recumbent posture on a sofa.

"The patient being placed in the proper position, a bougie or silver catheter (No. 6) is well oiled, and, raising the penis to an angle of about 40° from the abdomen, the instrument is passed gently down to the stricture, against which it is slightly and equably pressed for the space of a minute, or perhaps rather more according to the degree of pain the patient experiences. It may happen that the instrument soon passes the obstruction; if that be the case I do not advocate its further introduction, so that it may enter the bladder, but think it better to be satisfied with the progress already made."

[I cannot understand why Mr. Cooper objects to pass the catheter into the bladder. As it has already passed the point of irritation.]

"After the employment of the bougie, the patient should be kept extremely quiet during the remainder of the day, should live abstemiously, and at bed time take the following draught:—

R. Liq. potass gtts. xx.
Tinct. opii, gtts. x.
Mist. Camphoræ, ʒiiss.
Ft. haustus."

[I would use broken doses of diaphoretic powder.]

"An aperient should likewise be taken the next morning. The

instrument should be again passed about forty-eight hours after the first examination, and it may now be passed into the bladder and left there for ten minutes, or a quarter of an hour, unless it causes great irritation. In such cases, as far as this instrument has been used, its remaining does not produce the above *described irritation*, for I have always found the cure to be greatly expedited by the continued pressure which the instrument keeps up."

[The reader will by referring to the previous cut observe the valuable curative power in the construction of this instrument, as the physician can *at all times*, by simply turning the *screw* which is on the end, apply just such pressure *to the stricture*, that he requires, without the patient suffering the intense pain of introducing the indicated larger bougies according to Mr. Cooper's description of the adaptation of bougies.]

"I have recommended No. 6 as the size of the instrument first employed; it is less likely to produce irritation than one of smaller size; for the latter is not only likely to catch in the lacunæ, but may also make a false passage by penetrating the sides of the urethra. If, however, No. 6 be found too large to pass through the stricture, smaller instruments must necessarily be used; but it should be borne in mind that they require a degree of caution in their introduction proportionate to the smallness of their size." [This instrument is much easier introduced than the bougie; as it is more permanent, and contains a smoother surface.] "If the instrument cannot be passed through the stricture into the bladder, a question naturally arises as to what other means are to be adopted for the relief of the patient."

[I doubt very much if there be a case in existence, which by the use of nauseants and the warm bath, would not allow the passing of this instrument.] "This depends entirely upon the urgency of the symptoms, especially in reference to the distention of the bladder from the retained urine: the judgment cannot here be much guided by the expression of the patient as to the amount of his suffering, for the pain which in one patient may be described as little more than inconvenience, may be complained of by another as excruciating agony. Therefore, the first thing to be done is to examine the state of the bladder per anum, and also through the parietes of the abdomen. If the bladder be felt pressing on the rectum, you may be assured that the distention is extreme, for it is in the posterior direction that the organ projects lastly under the influence of the internal pressure of the urine. I have but very rarely met with a case that did not admit of sufficient delay to allow of the trial of medicinal means before proceeding to puncture the bladder, although no doubt such cases occur. The plan I adopt is to place the patient in a hot bath, give a large dose of opium, (gr. iss. to gr. ij.) and employ a purgative enema." [I would recommend as a substitute for the opium

nauseants, as relaxation is required.] "As soon as the bowels are open I order a suppository, composed of opium and a fourth of a grain of belladonna, to be inserted into the rectum; this treatment rarely fails to produce a flow of urine, which, even if it takes place but slowly, relieves the urgency of the symptoms, and gives time for the adoption of further means for the removal of the obstruction. This may be effected by four different methods; dilatation, caustic, puncture, and incision."

[Notwithstanding the various attempts to supersede the dilating principle in the cure of stricture, still it maintains the hitherto high estimation placed upon it by the enlightened practitioner, and there can be no doubt but what it is more frequently adopted than any plan that has yet been known.]

"Dilatation should always be first tried; it is effected by the catheter, bougie, or by injecting the urethra with water. In speaking, however, of this treatment of stricture, I wish to impress on the mind of the student that something more is to be done beyond the mere mechanical removal of the impediment to the passage of the urine, and that the use of local remedies should be judiciously combined with constitutional; the latter consisting chiefly in the strict observance of dietetic rules, the state of bowels, and in the employment of medicines which tend to diminish arterial action; such as blue pill, with tartarized antimony, and slight aperients."

[The use of the *blue pill*, and *tartarized antimony*, I decidedly object to; on account of its liability in all cases to produce permanent bad effects upon the constitution. And because we have other agents, which will have the same curative influence, without any of the above effects resulting therefrom. But would substitute any mild evacuant, which in my opinion would have just the same important effect upon *stricture* as the blue pill. As but little influence anyhow, could be expected, from blue pill, or any other pill.]

"Recent stricture may almost always be cured by this system of treatment, aided by the gentle introduction of the bougie every other day; and even when the stricture has reached a more permanent form, its cure may generally be effected by following out this plan, and in passing the instruments without violence, as the object is not to force a passage through the stricture, but by gentle pressure to produce a slight inflammatory action, in consequence of which, disintegration and absorption may be induced." [By the use of this instrument you can apply just the amount of pressure that is required to produce the desired *inflammatory action* necessary to produce *absorption*.] "This plan was strongly recommended by Dupuytren, and I have followed it with great success. The appearance of a slight purulent discharge

indicates that the treatment is producing the desired effect upon the stricture, and soon after this effect is first seen, the catheter will generally pass the obstruction. During the progress of the treatment a permanent stricture often becomes irritable,—just as irritable stricture is convertible into permanent: this change is shown by a tendency to bleed on attempting to pass a catheter, and by the pain which the slightest touch of the instrument produces; in such cases it will also be found that if the catheter be passed there will be considerable difficulty in withdrawing it, and this will generally be attended by bleeding. With these symptoms recourse must be had to sedatives, and to the caustic bougie, which seldom fails to diminish the irritability, probably by destroying the sentient extremities of the nerve which had become exposed by the ulcerative changes in the substance of the stricture. Some surgeons recommend the use of potassa fusa as the escharotic, instead of nitrate of silver."

[By the facility this instrument gives in passing the *stricture*, you avoid all the last objections of Mr. Cooper.]

"I believe it unsafe, however, on account of its deliquescence, which renders it much less manageable. In cases in which the stricture resists the gentle application of bougies, I have rendered the obstruction permeable by injecting tepid water into the urethra by means of a syringe furnished with a long canula. By repeating this operation the opening soon becomes dilated,—a condition soon made evident by the greater freedom with which the water enters: a bougie may afterwards again be had recourse to. It is somewhat remarkable, that after the introduction of the bougie, although no evident mechanical effect has been produced by it, the patient finds that he can pass his water much more freely, and yet perhaps the instrument may not penetrate the stricture until some days after. Caustic is sometimes employed as a direct means of overcoming a stricture when its density is so great as to prevent its being acted on by simple pressure."

[I have reason to believe that when a failure thus occurred from the pressure produced by bougies, that it was owing to its irregular application, and that by the use of this new dilator, would have avoided the same.]"

"The application of the escharotic produces a slight slough on the surface, and tends to soften the mass of adventitious matter, so as to render it better fitted for absorption. Some precaution is necessary in using the caustic bougie, and contact with any portion of the urethra besides the stricture must be carefully avoided. To secure this, a larger instrument should be passed first, to clear the way, as it were, for the cauterizing bougie.

"Although I have attached great importance to the observance of extreme gentleness in the introduction of the catheter, circum-

stances may occur in which it may be necessary to employ force to effect its entrance into the bladder; for it may happen that the symptoms of retention of urine may be so urgent, that immediate relief is imperatively necessary. Under such circumstances, the forcible introduction of the catheter becomes not only a justifiable but an advisable measure."

[The reader, I imagine, could hardly suppose the urethra to be large enough to allow the passage of urine, and not to allow this instrument to be passed. As its tapered point only measures one twelfth of an inch—though being amply blunt to be void of danger of injuring the surface of the urethra.]

"If, in the attempt to introduce the instrument, it is found that it can be brought to a right angle with the body in its recumbent position, it will prove that the stricture is situated just at the junction of the bulb with the membranous part of the urethra, and then, in order to effect the introduction of the catheter into the bladder, the fore-finger of the left hand should be passed into the rectum; and when the point of the instrument is felt, as it may easily be, the handle must be depressed with moderate force, and the point directed at once into the bladder. Some surgeons recommend that in such strictures the catheter should be thrust in with sufficient force to overcome the obstruction at all risks; but I am persuaded that this is bad practice, as the laceration of the canal, perforation of the prostate gland or rectum, are accidents very likely to occur: it is, therefore, better to puncture the bladder than to have recourse to such violence."

[The above consequences are unattended with its use.]

[In conclusion I would say that, in accordance with the Eclectic theory of practical medicine, I have furnished this article, and the wood cut illustrative of an instrument that should supersede the bougies entirely, and would advise every physician that ever expects to have a stricture of the urethra to treat, at once to avail himself of it.]

Cincinnati, O., September, 1852.

PART II.---MISCELLANEOUS SELECTIONS.**DEATH FROM AN ATTEMPT TO PRODUCE ABORTION.**

The citizens of New Bedford have recently been thrown into a great state of excitement by the sudden death of Mrs. Sarah Spooner, who attempted to have an abortion produced by one Dr. C. L. Spencer, a Homœopathic practitioner of that city.

It appears from the evidence in the case, that Mrs. Spooner was about six months advanced in pregnancy, and on the morning of the 30th of June whilst otherwise in a state of perfect health, entered the office of Dr. Spencer, and was so mangled as to be carried home in a cab, and evidently in a weak condition.

When she reached home she was able to walk a few feet, but soon paroxysm of fainting came on, which continued at short intervals until ten o'clock, A. M., of the same day, when she expired.

A post mortem examination was held, and after a few remarks in relation to the external appearance, the following statement was made out:—

“On opening the abdominal cavity, a large portion, say two quarts of bloody serum escaped. The intestines were covered by an apron of coagulated blood about ten inches across, and about six inches perpendicular, and about two inches thick on an average.

The folds of the mesentery attached to the lower portion of the small intestines are distended by a clot of blood which would fill a pint bowl. The inferior fold of the mesentery is ruptured by the accumulated blood.

The uterus is distended to about the size of three pint bowls. On the posterior surface opposite to the promontory of the sacrum there is an opening through its parietes, apparently made by an instrument the size of a pipe stem or common catheter; corresponding to this opening there is another of the same size and character through the peritoneum forming the inferior fold of the mesentery. Beneath said puncture into the mesentery, there is found also a puncture into the right internal iliac artery, one fourth of an inch below the bifurcation of the main iliac artery, of a sufficient size to admit the point of a goose quill.

On opening the uterus, it is found to contain a male fœtus measuring, from the apex of the head to the nates, seven and a half inches in length. The membranes had not been ruptured previously to opening into the uterus. On the posterior side of

the uterus, one and three fourths of an inch above the neck, there is a puncture, extending obliquely, two inches in length through the parietes, coming out at the puncture before mentioned, so that a blunt pointed probe was passed readily through from one orifice to another. On the posterior internal part of the uterus, there is a slight contused ecchymosed spot; all of these punctures correspond with the mouth of the uterus, so that an instrument passed into the vagina, would go in the direction and produce the punctures before described.

Another puncture, about half an inch from the one described, was made obliquely into, but not through the parietes of the uterus. It is one and a half inches long, and parallel to the other."

Signed,

ANDREW MACKIE,
JOHN H. MACKIE,
LYMAN BARTLETT,
LEVI FOLSOM.

This case speaks volumes; and the victim should be looked upon in the light of a public martyr, offered up upon the altar of brainless quackery. It would appear that a few such cases would put the public upon their guard, and not to place themselves in the hands of those whom they know to have no adequate knowledge of their business. We have long been personally acquainted with Dr. Spencer, and what we know of the man, as well as the evidence in the case, goes clearly to confirm us in the opinion that this unparalleled case was the result of the most culpable ignorance of the female organization.

I was informed by Dr. Folsom, who is emphatically a practical surgeon, and who instituted the post mortem examination, that the instrument used in this case must have passed from eight to ten inches after entering the Os Tincæ (mouth of the uterus).

Comment is unnecessary, and we trust that the Ladies of New Bedford, at least, will be more cautious in future. There are also transient practitioners in that city, as well as almost every other place, who, as well as Dr. Spencer, would suffer less by a comparison with ditch-diggers and tin-peddlers than with medical men. Dr. S. was examined before the Police Court of that city, and was ordered to furnish sureties in the sum of \$3000 for his appearance at the Court of Common Pleas, for a final hearing, to take place on the second Monday in September next, at Taunton. For the want of surety, was committed.—*Boston Domestic Journal of Medicine.*

CUTANEOUS ABSORPTION.

BY WM. A. ALCOTT.

THE communication made by me to the medical profession, through your pages, something like a year ago, excited a good deal of attention at the time, and has elicited not a few private inquiries, both at the East and the West, since that time. Many an individual has asked me—Do you really believe Mr. Robinson's story? "I am compelled to believe it," is my usual reply. "Mr. R. is not the man to make any wilful misstatement, and Mrs. R.'s certificate confirms the fact." But how can it be? It is again asked. How could a man gain in weight daily half a pound, when his whole ingesta, solid and fluid, was only about half that amount—leaving the *egesta* out of the question? My reply to this question is, "I suppose it must be by cutaneous or pulmonary absorption."

It would be quite indecorous, in such cases as these, to go farther, and point gentlemen, who have a diploma in their pocket, to chapter and verse in confirmation of Mr. R.'s story—or at least sustaining its possibility—in our common works on physiology. And yet it may save me a little trouble, and do here and there a blockhead good (for unluckily such things have been known as blockheads in our profession), to refer him to Carpenter's Physiology, at page 504. The following is verbatim.

"The quantity of water which may be imbibed from the vapor of the atmosphere would exceed belief were not the facts on which the assertion rests beyond all question. Dr. Dill relates the case of a diabetic patient, who for five weeks passed twenty-four pounds of urine every twenty-four hours—his ingesta during the same period amounted to twenty-two pounds. At the commencement of the disease he weighed one hundred and forty-five pounds; and when he died twenty-seven pounds of loss had been sustained. The daily excess of the excretions over the ingesta could not have been less than four pounds, making one hundred and forty pounds for the thirty-five days during which the complaint lasted. If from this we deduct the amount of diminution which the weight of the body sustained during the time, we shall still have one hundred and thirteen pounds to be accounted for, which can only have entered the body from the atmosphere."

"A case of ovarian dropsy has been recorded, in which it was observed that the patient, during eighteen days, drank six hundred and ninety-two ounces, or forty-three pints, of fluid, and that she discharged, by urine and by paracentesis, one thousand two hundred and ninety-eight ounces, or ninety-one pints, which leaves a balance of six hundred and six ounces, or thirty-eight pints, to be similarly accounted for." In this case, however, says Carpenter,

something is to be allowed for the quantity of water contained in the solid food ingested.

"The following remarkable fact is mentioned by Dr. Watson in his *Chemical Essays*. A lad at Newmarket, having been almost starved, in order that he might be reduced to a proper weight for riding a match, was weighed at 9 A. M., and then again at 10 A. M.; and was found to have gained nearly thirty ounces in weight in the course of this hour, though he had only drank half a glass of wine in the interim. A parallel instance was related to the author by the late Sir G. Hill, then Governor of St. Vincent. A jockey had been for some time in training for a race, in which that gentleman was much interested; and had been reduced to the proper weight. On the morning of the trial, being much oppressed with thirst, he took one cup of tea, and shortly afterwards his weight was found to have increased six pounds, so that he was incapacitated for riding. Nearly the whole of the increase in the former case, and at least three fourths of it in the latter, must be attributed to cutaneous absorption; which function was probably stimulated by the wine that was taken in the one case, and by the tea in the other."

Now it is easy to see that there is a wide difference between gaining four and a half pounds in a single day from the atmosphere, as in the case of the jockey, and gaining half a pound, in the case of S. Robinson. And it was as much for the sake of making some small addition to the medical science that I caused the case to be recorded, as for any other reason. I am a lover of facts, and of science, as well as a deadly hater of empiricism and hollow pretension.

I might also add, it was a good deal in the same spirit that I made my own experiments, many years ago, of abstaining from drink. Never for a day, did I believe, with Dr. Lamb, that man is not a drinking animal. The fact of Dr. Lamb's abstinence and many other considerations, it is true, had weight with me. Besides, my simple habits and general obedience to the laws of health and life made the experiments more easy to me than to most men, and therefore as a lover of science * I felt an increased obligation to make them. I allude, of course to total abstinence from all drink for nine months and nineteen days in 1838-9; for six months or more in 1840; and then, with a partial suspension of only one or two days, of about eight months more in 1840-1. All this while, too, my perspiration was free but not profuse, urinary excretion not scanty, and every other function well performed. Moreover, I gained a little in weight during the first experiment.

Boston Medical and Surgical Journal.

* My whole life, for the last twenty-five years, has been a life of experiments. Medical men are often charged with making experiments on others, but I have made many more on myself than on my patients. They may be useful to the world, if I should not be called away so suddenly as to leave them unrecorded.

"ADVICE GRATIS."

It has become quite a prevalent form of imposition for a class of (would be) medical men to insert in their advertising bills that their advice will be gratuitous. Indian (Hetham) and Thomsonian doctors travelling from place to place, unable as they are to sustain themselves any length of time in any one location. We shall always find all such well stocked with some nostrum for which they have made a great sacrifice of either time or money, and is always indispensable to the cure of the disease with which their patients are afflicted. It is not a little suprising that they are able to find so many in the community who are unable to detect their imposition. No reflective person would ever think of calling upon a physician under such circumstances; for if they are to receive nothing for their *advice*, they will be sure to dispose of some of their medicine, which "is very valuable and universal in its application," for a profit which would more than pay for a consultation with a scientific physician. This kind of humbugging has been extensively carried on during the last fifteen years, and I am unable to discover any more caution on the part of the community at the present time, than when they received their first lesson. Dr. Root, of New York, who claims to be competent to prescribe for all cases, from the fact that his mother gave birth to six children before he came into the world, or in his own language, a "seventh son physician," has met with a patronage which is enough to make us blush at the discrimination of our age. Extorting from ten to fifty dollars for a few ounces of a worthless article which did not cost him more than from six to twenty-five cents, but nothing for advice. In this way I have known him to extort from poor individuals twenty or thirty dollars, who were unable to pay a shilling without a donation from their friends. He is not a solitary case, although equalled by but few in daring presumption; and the only skill which this class can justly claim consists in robbing an inconsiderate and credulous community.

There are few meritorious medical men who lecture from place to place, but they are known by the profession, and depend for their patronage upon the manner in which they present their subject to their audience. We shall find a few such well versed in their profession. But this is not the class of which I complain; but those who, if they were called upon to deliver a lecture upon the most familiar subject, could not even express themselves intelligibly, and possess no qualification for their profession.

Every consistent physician will charge a reasonable fee for his services or advice, and every reasonable person will be willing to pay it.

And that patient who goes upon the principle of gratuitous advice will find that he pays dear for his medicine, however poorly adapted to the exigencies of his case.—*Bos. Dom. Jour. of Med.*

SUCCESSFUL REMOVAL OF A FOREIGN BODY FROM
THE KNEE-JOINT.—ANOMALOUS CHARACTER OF
THE SAME.

BY J. WASHINGTON SMITH, M.D.

MESSES. EDITORS.—The following case presents so many points of interest, if not of originality, in its history and treatment, that I have thought a record of it worth preserving—and, such as it is, I now place it at your disposal.

Mr. R. M., æt. 22, a laborer on a farm, otherwise healthy, consulted me in June, 1851, in regard to a difficulty of the right knee. For some months previous something had appeared to "catch," as he termed it, in the joint while using it, causing excruciating pain, followed by inflammation, swelling, and weakness of the joint. The peculiar "catch" had only existed for a few months, but the patient says, "the joint has been a little weak and swollen at times ever since a 'wrench' it received some four or five years ago, during a wrestling feat." Recently he had perceived a "loose body, something like a bean," each side of the patella, and at other points, which was freely moveable and would easily slip into the joint. At times it was readily detected, at others difficult or impossible. The knee was considerably enlarged, as from chronic thickening of the synovial membrane, and tender to the touch, in places.

Diagnosis.—After the above history, and manipulating the joint, so as to bring the foreign body within reach, I did not hesitate to pronounce it a case of *loose cartilage* within the joint.

The probable cause, nature, course, usual treatment, &c., were fully explained, and the patient dismissed, with the advice not to think of an operation for its removal, unless the use and safety of the limb imperatively required it; and that efforts be made to "fix" or confine it *outside*, or else to prevent its escape from *within* the joint; also, to consult older and more experienced counsel.

At my request, the patient called occasionally to report this condition, and enable me to watch the progress of the case. After a time he acquired such dexterity as to bring the foreign body outside of the joint almost at pleasure. *

After September, 1851, he was not able to attend regularly to his occupation; and as the joint was becoming more thickened and stiffened, from the continued irritation to which it was exposed, efforts were made to confine the cartilage, (as I still supposed it,) by pushing it far away from the joint, in one of the synovial pouches by the side of the patella; but it was found, upon repeated trials, that it could not be retained *in situ* by any amount of pressure which could be borne, and allow any motion of the joint. Efforts were also made to *prevent* its escape from the joint,

but with only partial success, while the cause of irritation was sure to be at work.

There now appeared but one other alternative—the chance of an operation—and which, owing to the state of the joint, it must be confessed was not very promising. The almost certain result of the case as it *was*, together with the *probable* and *possible* consequences of an operation for the removal of the offending body, were again fully and fairly stated to the patient and friends. Dr. Almiron Fitch, of Delhi, a distinguished member of the profession in this section of the State, was also consulted, and coincided fully in the opinion given.

Operation.—Early in March last I was requested to remove the foreign body by operation. Having enjoined rest, low diet, and occasional purgatives during the ensuing week, on the 10th instant I proceeded to remove it; Dr. Fitch kindly consenting to be present, and from whom I received valuable assistance. Some delay and difficulty were experienced in confining the same in the position desired, viz: upon the inner condyle, without occasioning too much motion of the joint. The integuments were then drawn tensely forward (about one inch) over the foreign body while the same was firmly fixed by the fingers of an assistant. A longitudinal incision, three-fourths of an inch in length, was then carried through the integuments directly upon the cartilage, (?) but, as it could not readily be removed, a second incision was made, so as slightly to enlarge the first, when with a tenaculum it was removed, with some difficulty, owing to the thickened state of the joint, and the unexpected *hardness* of the supposed cartilage. In form it much resembled an almond, was eight lines in length, six broad, and four in thickness. Its substance was evidently osseous or calculous, but unfortunately (and contrary to agreement) it passed out of my possession before I had an opportunity of subjecting it to any chemical or microscopic tests. It was completely enveloped in healthy looking cartilage.

The hemorrhage was slight, and soon ceased, when the incision was nicely secured by plasters, a compress carefully adjusted so as to securely close the *valvular* opening, and over these a figure of 8 bandage; the whole being completed by a long splint to outside of limb, secured by roller, except over the knee, nearly preventing all motion. Water was applied several times a day, and was the only application. There was a slight exudation of serum, but none of *synovia*. The diet was light for a few days, and small occasional doses of pil. cath. comp. and pulv. jalap. comp. were given, to procure the regular evacuation of the bowels. Union was partly by first intention, and partly by what Macartney calls the *modelling* process, i. e., without suppuration. The case was closely watched, and there was no inflammation at any time.

After a few days the patient sat up part of the time, but the

plasters and splint were not dispensed with until the thirteenth day, when the wound appeared perfectly united. A compress and figure 8 bandage were continued, and directions given to use and flex the limb but slightly; but from that time he began and continued to go about. April 15th there was only a slight weakness, and some stiffness upon flexing to an acute angle. At the end of six weeks he was attending to his ordinary occupation, and was able to join, as he was wont to do, in "the giddy mazes of the dance."

Remarks.—The operation by subcutaneous incision, as proposed by Prof. Syme and M. Goyraud, was hardly practicable, owing to the thickened state of the integuments, though it would in most cases greatly lessen the danger of inflammation. Wounds penetrating the cavities of joints, especially the larger, have ever been the dread of surgeons, and the common result an opprobrium to the healing art. This case is a striking illustration of the importance of *perfect rest* (of the joint) and of a *simple*, but not too antiphlogistic treatment; though in regard to the latter the previous habits should be our guide. Here there was evidently a *want* of action, though the diet was "light" for only a few days, but had it been more generous, I am satisfied complete union by first intention would have taken place—a most desirable result in wounds of joints.

The history of this case may, and will doubtless, satisfy some minds, that a *fragment* of bone was nearly or quite detached at the time of the injury mentioned; but to my mind it is not so conclusive. A section of one end of the foreign body revealed a hard, friable substance, more resembling calculus. But, was a calculus ever completely enveloped in healthy cartilage? If so, it is a most remarkable provision of nature to prevent injury to the joint. May not a peculiar abnormal state of the synovial membrane, from any cause, give rise to an adventitious growth or deposit in the synovia as well as in other fluids of the body? Loose cartilages and calculous concretions are not very usual, but I do not recollect any account of a foreign body in the cavity of a joint, similar to the present.

The patient consulted different surgeons, to whom he stated the symptoms and diagnosis; but it is a curious fact, that none of them, at the time, detected the foreign body, (though part were satisfied of its existence,) and at one time, believing it a case of chronic synovitis, counterirritants, and ung. iod. comp. were freely applied, to procure absorption!—*Medical Examiner.*

From the Ohio State Journal.

ELECTIC MEDICAL INSTITUTE OF CINCINNATI.

MR. BASCOM :—As a friend of Medical Eclecticism, and of the "Eclectic Medical Institute of Cincinnati," I desire to thank you for calling public attention to the advertisement of the "Institute" in your paper of to-day. As you seem to be somewhat in the dark as to the matter of "making doctors for nothing, &c.," I feel willing to give you a few hints, which properly weighed, will, I trust, be satisfactory to you, and to such of your numerous readers as may have any difficulty in their minds on this behalf :

1. The "Institute," although amply prepared to accommodate and teach a very large class, has not expended a princely fortune in buildings, &c., requiring an immense income to pay interest on loans, and dividends on stock.

2. The Professors, being true reformers, and anxious for a wide diffusion of the light of medical Eclecticism, have voluntarily proposed to labor for a very small pecuniary compensation, believing that their loss will be an incalculable gain to the country.

3. A liberal, free education for all who will receive it, is one of the prominent mottos of the age, in America; and those who choose, may be made ripe, literary and scientific scholars, "free gratis, for nothing, and tuition thrown in," at public expense, and we all "understand" it and approve it. But why medical education, which involves the greatest possible temporal interests of man, his happiness, health and life, must necessarily be locked up in Collegiate Monasteries, which can be opened only by enormous fees, is what a great many people "do not understand."

4. The new arrangement of the E. M. Institute, is an experiment, conceived in philanthropy, and entered upon with confidence; and if but half the assurance of support which the Faculty have received, shall be realized, there lies before the Institute a career of success and usefulness, unparalleled in the history of scientific and professional colleges.

S.

AN ANTIDOTE FOR POISON.—Mr. Potter, a gentleman living in Morgan street, in this city, a few days since swallowed a large quantity of *corrosive sublimate*, through mistake, supposing it to be wine. He instantly became aware of his error, and recollected the remedy prescribed for such cases by A. J. Davis, the clairvoyant, in his volume entitled "The Physician." This remedy was the simple one of swallowing, as quick as possible, a large dose of common *sweet oil*. Fortunately for the sufferer, a bottle of sweet oil stood on the same shelf before him from which he had taken the poison, and he seized and drained it of its contents. The effect was instantaneous. The action of the mercury was arrested, and Mr. P. has now nearly recovered.—*Boston Times*.

MEDICAL PRACTICE OF THE PRESENT DAY.

Dr. Dickson, of London, a most able physician thus speaks of the manner in which medical men violate the high charge confided in them, and we doubt not that his remarks will go far toward awaking people to a just sense of what is due their own health and happiness.

There is a class of men and a series of remedies that are not subjected to suspicion or censure. The readers of our paper have had our views upon the subject, and we trust that what we have said will not be entirely without effect.

"So far as practice is concerned, the eminent physician confines himself to the fashion of the day—the more especially if that fashion be profitable to the apothecary; for in such cases he is sure to become the fortunate puppet of those whose bread depends, not so much upon the cures they shall effect, but the quantity of physic they shall manage to sell! what a happy nation of fools that must be, which suppose that any class of mankind will put the interests of the public in competition with their own! Benighted and misguided people, you call upon men to relieve you from your sufferings, while you hold out the most powerful of temptations to keep you on your sick beds! You pay for time what you deny to talent; for a long illness what you refuse to a speedy recovery! Do you think medical men angels, that you thus tamper with their integrity? Your very mode of remunerating them almost forces them to be corrupt, and that, too, at a moment when their numbers are so great, it is utterly impossible for one half of them to live honestly on their mere professional gains."

"Can you wonder at the frightful number of deaths that take place under nine years of age? Look at the bills of infantile mortality, and if you consider the quantity of calomel children take, you will assuredly be compelled to declare not how *little* medicine has done for the prolongation of life, but how *much* it has done to shorten it!"

"Of the cases of mortality, in the earlier months of our existence, no small proportion consists of those who have sunk under pharmaceutical filth. More infantile subjects in this metropolis are, perhaps, diurnally destroyed by the mortar and pestle than, in ancient Bethlehem, fell victims one day to the Herodian massacre. 'Conscience feels little concern in cases of medicinal murder.'"

OPIUM-EATING IN CHINA.

A writer in the New York Observer gives a frightful account of the practice of opium-eating in China, and the lamentable progress which it has obtained and is still making. The demoralizing effects of the practice are said to be greater than those which spring from habits of intoxication; and what adds to the enormity of the evil, is the fact that the victims of the seductive vice rarely, if ever, abandon it.

The commerce in opium has risen within a few years, from small beginnings, to be one of the most important branches of trade in the world. The article is produced in British India, and is, we believe, smuggled into China, in violation of the Government to prevent the traffic. The British Government is, in a great measure, responsible for this deplorable evil; and it behooves the press and even the governments of all Christian countries, to remonstrate against its continuance. It is a disgrace to the Christian name, and one of the greatest impediments to the spread of the Gospel among that large portion of mankind, the people of China.

In the first ten years of this century the annual importation of opium into China was only from three to seven thousand chests; but in 1850 the quantity reached sixty thousand chests, at a cost to China of forty millions of dollars! The British Government in India is said to derive the enormous revenue of fifteen millions of dollars from this commerce; which is only paralleled in wickedness by the slave trade.

From the Cincinnati Times.

HINTS TO YOUNG MEN ON THE CHOICE OF A PROFESSION.

The choice of a profession, or business for life, is a matter of so much importance, that any information upon this subject cannot fail to be highly interesting to young men. As one who has had some experience in the world, I would venture to offer a few suggestions upon the great opportunity now offered for obtaining a profession almost free of expense.

Your choice lies between agriculture, mechanical pursuits, trade, and professional life. I would say, take agriculture as your first choice, and you may reasonably expect a longer and more contented life than in other pursuits. But if you have a robust constitution, and an active and ambitious mind, then you may venture upon other callings, which you may expect will sooner exhaust your health and will yield a shorter term of life, but may gratify your desires. If accurate and ingenious, try mechanical occupations,—if shrewd and far-sighted in bargaining and managing property, try mercantile business—but if you prefer intellectual pursuits to all others, and have a sufficiently good address to recommend you to the public, with a good share of ambition, try a profession. If you love religion and despise wealth, and have talent enough to persuade others to do the same, go to the pulpit. If you love intellectual strife, and feel that your ability renders you an over-match for all whom you encounter, try the law. But if you love to do good to suffering men and women, to win the gratitude and love of many, and to occupy your mind with the most profound, inexhaustible, and interesting of all studies take the profession of medicine.

If you have a plenty of money, and wish to win the highest fashionable honors graduate in Philadelphia or New York and spend a year or two in Paris or London. But if you wish to save your money, yet become an accomplished physician, and discharge your duties to your pursuits, go to the Eclectic Medical Institute of Cincinnati, where you may not only acquire a thorough medical education, but learn a great deal that is not taught in other schools. If you go to New York or Philadelphia, your tuition alone will cost from two hundred and fifty to three hundred dollars, but in Cincinnati, since the Eclectic Medical Institute has abolished professor's fees you may attend a whole session for only one fee of fifteen dollars and you need not even purchase a book, or spend a day in a physician's office, for if you enter at the beginning of the session, the lectures are so well

arranged as to make every thing intelligible to a novice. Even if you do not wish to practice medicine the knowledge which you will obtain of the science of health, and of the mysteries of the human constitution from able teachers, will be worth ten times the time and expenses required. But if you wish to practise medicine, no price will express the value of good teaching in a good system of practice. The Eclectic system is becoming the most popular everywhere, and the Eclectic school draws the largest classes in Cincinnati. I have recommended it strongly because I believe there are many young men in our country of noble principles, who love to do good, and to improve the condition of mankind, who have the capacity to become good physicians, and who would rejoice at this opportunity by which they could easily acquire an honorable profession without being compelled to beg or borrow five or six hundred dollars to pay their expenses through college. To all such I would say, write to the Dean of the Eclectic Medical Institute, and you will find that I have suggested the advantages which the Faculty of that school have generously offered to students of medicine.

MENTOR.

DIAGNOSIS OF INCIPIENT PHTHISIS PULMONALIS.

From the late excellent work of Dr. Walshe on the "*Heart and Lungs*," which has been critically analyzed by Dr. Rouanet, in this and the preceding number, we extract the following graphic summary of the diagnostic signs of incipient Phthisis.

(a) A young adult, who has had an obstinate cough, which commenced without coryza, and without any obvious cause, a cough at first dry, and subsequently attended for a time with watery or mucilaginous-looking expectoration, and who has wandering pains about the chest, and loses flesh even slightly, is, in all probability, phthisical. (b) If there be hæmoptysis to the amount of a drachm, even, the diagnosis becomes, if the patient be a male, and positively free from aneurism and mitral disease, almost positive. (c) If, in addition, there be slight dullness under percussion at one apex, with jerking or divided and harsh respiration, while the resonance at the sternal notch is natural, the diagnosis of the first stage of phthisis becomes next to absolutely certain. But not absolutely certain; for I have known every one of the conditions in *a*, *b* and *c*, exist, (except hæmoptysis, the deficiency of which was purely accidental) when one apex was infiltrated with encephaloid cancer, and no cancer had been discovered elsewhere to suggest to the physician its presence in the lung. (c) If there be cough, such as described, and permanent weakness and hoarseness of the voice, the chances are very strong (provided he be non-syphilitic,) that the patient is phthisical. (f) If decidedly harsh respiration exist at the left apex, or at the right apex behind, if the rhythm of the act be such as I have called *cogged-wheel*, and there be dulness, so slight, even as to require the dynamic test for its discovery, there can be little doubt of the existence of phthisis. (g) If, with the same combination

of circumstances, deep inspiration evokes a few clicks of dry crackling rhonchus, the diagnosis of phthisis, so far as I have observed, is absolutely certain. (h) If these clicks, on subsequent examination, grow more liquid, the transition from the first to the second stage may be positively announced. (i) If there be slight flattening under one clavicle, with deficiency of expansion movement, harsh respiration and slight dullness under percussion, without the local or general symptoms of phthisis, the first stage of tuberculization cannot be diagnosticated with any surety, unless there be incipient signs at the other apex also; the conditions in question, limited to one side, might depend on chronic pneumonia, or on thick induration-matter in the pleura. (k) The existence of limited though marked dullness under one clavicle, with bronchial respiration and pectoriliquy, so powerful as to be painful to the ear, the other apex giving natural results, will not justify the diagnosis of phthisis. I have known this combination when the apex of the lung was of model health, and a fibrous mass, the size of a walnut, lay between the two laminæ of the pleura. I would even go further, and say that the combination in question is rather hostile than otherwise to the admission of phthisis; as had tuberculous excavation formed on one, the other lung would, in infinite probability, have been affected in an earlier stage. (l) Pneumonia, limited to the supra and infra-clavicular region on one side, and not extending backwards, is commonly, but not always tuberculous. (m) Subcrepitant rhonchus, limited to one base posteriorly, is not, as has been said, peculiar to tubercle; it may exist in emphysema, and in mitral disease. (n) Chronic peritonitis, in a person aged more than fifty years, provided cancer can be excluded, involves, as a necessity, the existence of tubercles in the lungs.

To this law of Louis's, it is necessary to add the qualification, provided Bright's disease be also absent. (o) Pleurisy with effusion, which runs a chronic course, in spite of ordinary treatment, is, in the majority of cases, tuberculous or cancerous; the character of the symptoms, previously to the pleurisy, will generally decide between the two. (p) Double pleurisy, with effusion, is not, as has been said, significant of tubercle; for it may depend on Bright's disease. If the latter disease can be excluded, carcinoma and pyohæmia remain, as other possible causes. (q) If a young adult, free from dysentery, and who has not resided in tropical climates, suffers from obstinate diarrhœa, which goes on month after month, with slight remissions or intermissions, even though there be no cough, he is, in most strong probability, phthisical. If physical signs to the slightest amount, exist at either apex, he is, almost to absolute certainty, phthisical. (r) If a young adult, free from secondary syphilis and spermatorrhœa, and not dissolute in his habits, steadily lose weight, without clear cause, he is, in all probability, phthisical, even though no subjec-

tive chest-symptoms exist. (s) But he is not by any means certainly so; for he may have latent cancer in some unimportant organ, or he may have chronic pneumonia. (t) Nay, more, he may steadily lose weight, have dry cough, occasional diarrhœa, and night-sweats, and present dullness under percussion, and bronchial respiration under both clavicles, and yet be non-phthisical. I have known all this occur in cases, both when the lungs were infiltrated superiorly with primary encephaloid cancer, and when they contained secondary nodules of the same kind. (u) Failure of weight becomes less valuable as a sign of phthisis, the longer the thirtieth year has been passed. (v) The discovery of cardiac diseases, with marked symptoms, deposes against, but does not exclude the existence of active tuberculization. (w) The existence of cancer in any organ, is unfavorable to the presence of tuberculous disease; but tubercle and cancer *may* co-exist, even in the same lung.---*N. O. Med. & Surg. Journal.*

NEW METHOD OF OPERATING FOR OVARIAN DROPSY.

Dr. I. B. Brown read before the Medical Society of London, May, 15, 1852, a paper on this subject. His operation consists in excising a portion of the cyst, returning the remaining portion into the peritoneal cavity, and closing the wound by sutures, thus allowing any fresh fluid secreted by the remaining portion of the cyst to escape into the cavity of the abdomen, there to be taken up by absorption, and discharged by the kidneys. Mr. Brown said this method of treatment was suggested to his mind by reflecting upon the numerous cases on record, in which a spontaneous cure has occurred by an accidental rupture of the cyst, followed by a copious discharge of urine. This mode was not considered applicable to every case, nor was it the purpose of the author to lay down any absolute rules for its use, but simply to relate such facts as had come under his observation.

CASE 1.—This case had been alluded to on a former occasion, and Mr. Brown now read the notes of the case as they were taken by Mr. Bullock, at St. Mary's Hospital, where the operation was performed. The woman, aged forty-seven, was subject to prolapsus uteri, which Mr. Brown considered as presenting a sufficient objection to treating the case by pressure. The swelling first appeared rather on the left side, about nineteen years ago, but had increased rapidly during the last six months. The following was her condition on admission to St. Mary's Hospital, Feb. 13, 1852: Abdomen considerably enlarged, with shooting pains extending to the shoulders. Complete procidentia uteri, returned with difficulty. Percussion dull in front, resonant at the

sides, less so on the left than the right; fluctuation very distinct, the integuments moving freely over the tumor. Feb. 14: Ordinary diet, porter, one pint; blue pill, three grains; compound aloetic pill, four grains, every night, with saline diuretics. March 6: General health good; some fluid drawn from the cyst with a small trocar was quite clear, with only a trace of albumen and some chlorides. 10th: She was placed under the influence of chloroform, and an incision was made through the integuments, down to the linea alba, from an inch and a half below the umbilicus, extending four inches. The linea alba was then divided, afterwards the transversalis fascia, and finally the peritoneum; the cyst was then presented to view, and found to be free from adhesions. It was seized by a pair of forceps, a large trocar was introduced, drawing off about sixteen pints of fluid, leaving some fluid in the cyst, and then a piece of the cyst which appeared comparatively free from bloodvessels was excised. The external wound was closed by interrupted sutures, the ligatures including all the abdominal parietes except the peritoneum. She was ordered two grains of opium immediately, and one grain every three hours. A pad of wet lint was placed over the wound, and a broad bandage round the abdomen. Severe peritonitis ensued for the first five or six days, which was subdued completely by large and repeated bleedings from the arm, with calomel and opium. In eight days the abdominal tenderness had subsided, the abdomen became flaccid, and the urine passed exceeded in quantity the fluid swallowed. By the 21st (eleven days after the operation,) the remains of the cyst could be felt on the right side of the cicatrix, as a solid substance of an irregular form. On the 3d of April, no increase of the abdomen could be discovered, and on the 6th, she was discharged. Mr. Brown said he expected that the kidneys would continue to secrete more fluid than was drunk for some time, and that the cyst would ultimately become of an indurated, perhaps calcareous character, possessing less vitality, and incapable of secreting fluid. He should feel himself bound to report to the Society any return of the disease, although he did not anticipate a relapse.

CASE 2.—In this case, which had been treated nine years ago by tapping, pressure, mercurials, and diuretics, so far successfully that no return of fluid took place for seven years, the abdomen had been gradually enlarging for the last two years, and the patient was anxious for a radical cure, and sanguine as to the result of the operation of excision of a portion of the cyst. She was previously prepared for the operation by a farinaceous and milk diet, avoiding stimulants, and keeping the bowels well open daily, under which treatment the size of the abdomen was materially reduced. The operation was performed on the 29th of March, 1852, in a manner similar to that related in Case 1. Nine pints of clear fluid was withdrawn, and a portion of the cyst

excised. But it unfortunately happened that the peritoneal coat of the cyst was very vascular, and hemorrhage ensued, which was not to be subdued by torsion of the vessels. As there were no adhesions, it was determined to remove the whole cyst. A double ligature having been tightly applied over the pedicle, which was attached to the left ovary, about an inch and a half broad, and containing one large bloodvessel, the pedicle was divided, the cyst removed, sutures applied, and over them a many-tailed bandage. The case did very well, no signs of inflammation occurred, the ligature came away in four weeks, and on the day following the patient was in her drawing-room convalescent. This case was related as illustrating an important difficulty which might occur, rendering the removal of the whole cyst a safer practice than tying several bleeding vessels, and leaving the ligatures within the peritoneum, a source of much danger.

CASE 3.—In this case the operation was performed in a similar manner to that detailed in Case 1. A portion of the cyst was excised, but a second large cyst was found, the fluid of which was evacuated, and the wound closed. An attack of inflammation ensued, which was successfully combated by bleeding, calomel, and opium, and the patient did well. The first cyst became collapsed, and could be easily felt beneath the walls of the abdomen; but the second cyst has frequently filled since; and now, sixteen months after the operation, it fills at a much slower rate, and the patient's health is much improved. Steady and firm pressure has been had recourse to after each tapping, to which Mr. Brown attributes mainly the slower filling of the cyst. This case was related to show another complication which might occur.

Mr. Brown concluded by expressing a hope that this operation may prove to be another successful method of treating this very troublesome disease.—*Lancet*.

THE PROTECTIVE POWER OF VACCINATION.

But to return to the question: the public have a right to ask for a positive evidence of the safety for life of those who are vaccinated. We would have much preferred postponing the discussion of this important question until the inquiries of the Epidemiological Society should have been completed, the more especially as we are informed that the government has instructed the Poor-law Board to forward the inquiries of the Society to every union-surgeon in the kingdom free of expense; but the alarm is given, an actual panic has seized on the public, and the antidote, such as it is, must not be withheld. We say, then, that although what is called re-vaccination is a practice highly

to be commended in cases where any doubt exists, as a test to the reality or genuineness of a previous vaccination, yet all the evidence afforded by the history of the subject goes to prove, that as a general rule the mysterious change which takes place in the system either under the influence of such a nature that it cannot wear out. Insusceptibility to the poison, once established, lasts for life. We shall now advert to two or three facts which seem to confirm this opinion.

1st. We may observe, that as all the medical men who have contributed their personal experience in the matter, are in practice, it may be supposed that they have been vaccinated, on the average, twenty-years ago, or perhaps thirty; yet 200 out of 336 were vaccinated and secured, although more or less exposed. This could not have happened, had the protecting power ceased at puberty.

2d. An inquiry was lately instituted at a meeting of the Medical Society, from which it appeared that about sixty medical men, of all ages, who were present, had been vaccinated, and only one of them, although much exposed, had taken the small-pox.

3d. We have for the last twelve months taken every opportunity of making private inquiries promiscuously of individuals not particularly exposed like medical men; and we find that among them, only one in two hundred who have been vaccinated have taken the small-pox.

4th, and lastly. Dr. JENNER was not less assiduous in testing the permanence and perpetuity of the protection, than in testing the protection itself. He traveled many miles to seek out old men and women who, having in early life taken the disease from the cow, had never taken the small-pox. He inoculated with small-pox matter many such persons, but in no instance could he communicate the disease, although the operation was repeated again and again. One man had had the cow-pox fifty-three years previously, but he was perfectly insusceptible of small-pox. The average period from the vaccine infection was about thirty-five years. Surely these results satisfactorily negative the notion, "that susceptibility to the variolous miasms, among vaccinated persons, increases as life advances." Until further evidence can be adduced, we may be well content with this.

On one point, indeed, JENNER was too sanguine. He indulged a hope that the small-pox would ultimately be exterminated by universal vaccine inoculation. He might as reasonably have expected that quackery would be exterminated by the progress of medical science. It is not Jenner's fault, that the small-pox is still raging. He was not bound to provide the world with common sense.—*London Lancet.*

ECLECTIC MEDICINE AND THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI.

Eclectic medicine stands opposed to scholastic medicine. The former, like sectarian theology, is and has ever been learned by certain dogmas, and the individual who refuses to conform to them is proscribed, and called a "quack," which at this day in medicine is equal to a "heretic" in religion.

Eclectic Medicine contends for freedom—for full and untrammelled investigation—for the adoption of whatever shall be good and true, no matter whence obtained.

The former is held to be aristocratic and exclusive, and the latter republican and free. Its progress has passed the crisis of experiment—the freedom of its character ensures, in a county like this, certain success.

The Cincinnati Eclectic Institute, after many years of success in the field of rival competition, has opened her doors as liberally as her principles, and from present indications we learn that her halls will probably be crowded next winter with four hundred students. From its birth to the present time it has continued to grow, notwithstanding an increasing fire from the largest artillery of its scholastic enemies, but "truth is mighty and will prevail."—*Troy Times.*

CASE OF CONCEPTION BEFORE THE APPEARANCE OF THE MENSES.

BY WM. T. TAYLOR, M.D., PHILADELPHIA.

To the Editors of the Medical Examiner.

GENTLEMEN:—The general experience of the medical world has established it as a physiological fact, that conception cannot take place prior to the appearance of the menses. But there are instances of females becoming mothers, who have never menstruated; they, however, must have conceived just at the time when the catamenia were about to be established, which after parturition and suckling probably occurred regularly.

The following case, which I have met with, seems to be an anomaly in the annals of midwifery:

During the month of June, 1851, I was requested to visit Hannah B., a mulatto, who was pregnant with an illegitimate child. Was much surprised at finding my patient herself was a mere child in appearance and manner. She was thirteen years of age on the 3d of the previous February, and, though she had never menstruated, was, when I saw her, in the eighth month of gestation. Her general condition was plethoric; her breasts well developed, and the areola quite dark.

On the 13th of August she was taken in labor, but in conse-

quence of a prolapse of the funis umbilicalis, which could not be replaced, I delivered her of a still born child, of the usual size, and perfectly formed. The lochia continued for a few days, and she passed through the accustomed period after delivery very favorably.

It is now one year since, and her menses have not yet made their appearance, nor has there been any vicarious discharge; her health during the whole time remaining perfect.

Never having read of a case of the kind, I have sent it to you for publication, should you think it of sufficient interest.

Philadelphia, August 19th, 1852.

ACCIDENT—DOUBLE AMPUTATION—ALLOPATHY VS. ECLECTICISM.

We clip the following from the city papers in order that our friends may see how these miscreants will act, and allow the readers to form their own opinion, bearing in mind that they could not sustain a single charge made in their article—and up to the present time have heard nothing more from "J. M."—*Cincinnati Monthly, September 15th.*

DISTRESSING ACCIDENT.—About half past 9 o'clock this morning, as the laborers of the Cincinnati, Hamilton and Dayton Railroad, were moving a freight car by hand, a little boy by the name of Isaac Reynolds, in attempting to cross the track was knocked down by the car and run over—the wheels passing over and cutting off his left leg above the knee. He is about nine years of age, and his mother, who resides at the junction of Richmond and Freeman streets, is a widow. It is very doubtful whether he recovers.

Since the above was in type, we have been informed that both legs were injured, and that they were taken off by Dr. Muzzy.—Several physicians were present, and some of them were of the opinion that one leg might have been saved. It is a great pity that one if not both, could not have been preserved.—*Cincinnati Times, Aug. 25.*

[Communicated]
In the "Daily Times" newspaper of Wednesday evening, appeared an article, under the head of editorial, stating that a boy was run over by a car at or near the railroad depot on Sixth street, injuring his lower limbs, which were amputated by Dr. Mussey: further, that "several physicians were present, and some of them were of opinion that one might have been saved."

This item of news being followed by the editorial (?) observa-

tion, that "it is a great pity that one, if not both could have been preserved."

This finish of the *Editor* (?) we care not for—it being intended, doubtless, not so much to show his sympathy with misfortune and the humanism of his feelings, as to round off his "item" and make it readable.

But in other aspects the paragraph needs noticing, as to the implication of improper treatment. We suppose it sufficient to say that the severed extremities have been preserved; that they will speak for themselves, and that they are offered for examination to professional men conversant with surgery, whose verdict he is willing to abide.

The offensive expression of the "Times" contains an untruth which must be exposed, the natural inference of its language is that there was a consultation of medical men, some of whom were opposed to the amputation, but that Dr. Mussey, disregarding their opinions, chose to follow his own course and amputate in spite of them.

The facts are these:

Dr. Mussey was called upon by the Agent of the Railroad company, to visit the youth and do what he thought best. Shortly after his arrival at the house of the widowed mother of the sufferer, three persons, understood to be members of the medical profession, came in—one of whom was known to him as a practitioner upon a system that he had long before refused to recognize as legitimate—the others, he was told, were of the like "school."

He then applied to his employer, to know whether they had been called in consultation; he was answered that they had not. He then proceeded to do what he thought needful; he amputated both limbs—first procuring the assent of the mother to such course as he might choose to adopt, stating to her that in his judgment amputation was necessary to give the boy a chance for recovery.

The medical men, above alluded to, did nothing, made no examination of the injured parts, and went off without interchanging a word with Dr. Mussey as to the conduct of the case. One of them, it seems, chose to hurry to an editor (?) and give his "opinion." To what confidence is such an "opinion" entitled? and what shall be said of the man that can promulge it, except that it is either from ignorance or malice, tending not simply to prejudice the surgeon and shake confidence in him within the community, but to arouse and foster misgivings in the minds of the relatives of the patient—breed up strife and ill-feeling, and embitter them against one who acted in the service according to the dictates of his intellect acquirements and experience, which are, confessedly, entitled to regard.

It is mean and cowardly.

We hope that the motive was not to produce the inevitable effect.

It is proper to say that this was written without the knowledge of Dr. Mussey, except so far that he was apprised that something would be written. The facts of the case are derived in part from Dr. Mussey—in part from his assistant on the occasion, Dr. Slocum.—*Cincinnati Commercial*, Aug. 26. J. M.

From the Cincinnati Commercial, August 28th.

PUB. COM:—The communication which appeared in the Commercial of Saturday, the 28th inst., signed J. M. (and who is hereby requested to give his name in full,) contains several unjust reflections, both upon the editor of the Times and myself, a few, of which I wish to notice, more especially as it is generally known that I am one of the "illegitimate"? physicians referred to.

J. M. remarks that, "The natural inference of its (the Times) language is that there was a consultation of medical men, some of whom were opposed to the amputation, but that Dr. Mussey disregarded their opinions, chose to follow his own course and amputate in spite of them."

Now, I would reply, that this instead of being a "natural inference," is a very *unnatural* and *far-fetched* inference, because it is a very usual occurrence in accidents of this kind for several physicians to be present and express their various opinions without any consultation whatever; but in this instance I had been called to attend the patient, and had made an examination before Dr. Mussey had arrived, "The facts are these."

On Wednesday morning about 9 o'clock, while visiting a patient at No. 100 Freeman street, in the vicinity of the depot of the H. & D. Railroad, I saw the boy, ISAAC REYNOLDS conveyed to the residence of Mr. SAMUEL SANDS, clerk at the depot, No. 102 Freeman street. As he was laid down by the men who conveyed him there, Mr. SANDS employed me to take charge of the case.

I immediately examined him, and informed Mr. Sands and the bystanders that one leg would have to be removed, and desired them to take the boy to his mother's residence, while I would go for my instruments and assistance. I obtained them, and on my return met Dr. J. G. Hunt, and requested him to see the case, which he did. As we approached the lad's residence on the corner of Freeman and Richmond streets, Drs. Mussey and Slocum were passing from their buggy into the house, reaching it a few minutes earlier than we did, owing to our having taken the wrong side of the square. However, we entered the house, and found the two physicians had taken charge of the case, and were giving instructions relative thereto; and as we have never consented to consult with Dr. M., for reasons well known in this city, and Mr. Sands not being at that time in the room, and also not wishing to cause any disturbance or unpleasant feelings, I yielded my right to the

patient, notwithstanding I had been employed by Mr. Sands, who supposed I had attended the lad, and was not aware of the contrary until the next morning.

In the meantime Dr. HUNT examined the case, and left, while I remained until Dr. M., had removed one of the legs. It was my opinion then, and which I have seen no reason to change since, notwithstanding the "intellect, acquirements, and experience," of a member of a "legitimate" school,—that there was no necessity for amputating both limbs. And while I regard Dr. Mussey as an experienced surgeon, yet I am no believer in the infallibility of his judgment, knowing several instances in which it has *sadly erred* and I consider my opinion entitled to as much regard as his.

From this statement, the public will understand what reliance can be placed in J. M.'s communication, when he says: "The medical men above alluded to, did nothing, made no examination of the injured parts, and went off, without interchanging a word with Dr. Mussey as to the conduct of the case."

Again J. M. says that Dr. Mussey's "intellect, acquirements, and experience, are confessedly entitled to regard." I am willing to admit this, for if a man were not thus entitled who has reached Dr. M.'s age, and enjoyed all the peculiar advantages with which he has been favored, it would argue that nature had performed but little for him. Yet, notwithstanding, I think we have a right to investigate the works of every man; and with this view as well as for the purpose of gleanings information, I would inquire of some gentleman of "intellect, acquirements, and experience," the necessity for making an incision in one of the legs below the knee, and afterward, amputate above it, likewise, if it is in accordance with the principles of surgery as taught in "legitimate" schools, in amputating a limb, to omit preserving flap enough to cover the bone, requiring it to be sawed off twice for the same operation?

In relation to the opinion I gave to the Editor of the Times, so ungenerously referred to by J. M., it would not have been given at all, nor would I have seen him on that day, were it not that I was called to visit him professionally. It will thus be seen, that I was employed to attend the case, had examined it and had made arrangements for amputating; and although Dr. M. was subsequently engaged to attend, his doing so was in direct violation of my rights, and contrary to all gentlemanly, as well as medical etiquette. It is with reluctance that I have been drawn into this statement of *facts*, and if J. M. desires a further exposition, and will make known his real name, it shall be made. I will conclude by stating that I belong to the Eclectic School of Medicine, referred to by J. M. as "illegitimate," and which school together with its followers, has ever been opposed by individuals who screen themselves from fair investigation by standing behind initials or anonymous productions.

O. E. NEWTON, M. D.

CINCINNATI, August 28th, 1852.

CAMPHOR AN ANTIDOTE FOR THE POISON OF
STRYCHNINE.

BY I. FIDDUCK, M. D.

In Mr. Cooper Foster's paper, on Poisoning by Strychnine, he states that "no antidote is known." The following case will help to supply the deficiency of our knowledge in this respect :—

J. W—, pianoforte-maker, a weakly man, of intemperate habits, accustomed to work in a hot workshop, and to exposure to cold on his way to and from work, was the subject of severe attacks of rheumatic gout. After one of these gouty rheumatic attacks he was suffering under dyspepsia, neuralgic pains, and general debility. For the relief of these symptoms strychnia was prescribed, in the dose of a *sixteenth* of a grain three times a day. By mistake, at the Chemist's, (one of the first in London,) the grain of strychnia, with sugar, was divided into *six* instead of sixteen powders.

The first dose taken in the evening produced severe twitchings of the muscles ; but the second dose, early in the morning, threw him into violent convulsions. The messenger who came for me said he was dying. Immediately on discovering the mistake, and witnessing one of the frightful paroxysms, I prescribed twenty grains of camphor in six ounces of almond mixture, one-fourth to be taken every two hours. The first dose so completely quieted the convulsions that there was no need of a second.

Cases of this kind rarely occur, and I have only this one to adduce, but the incompatibility of strychnia and camphor proves, *pro tanto*, that the one is the antidote to the other. As a general rule, to which there probably may be many exceptions, the poison and the antidote severally are to be found in the three kingdoms of nature.—*London Lancet*.

July, 1852..

NITRIC ACID IN HOOPING-COUGH AND ASTHMA.

Dr. F. C. T. ARNOLDI recommends (*Canada Medical Journal*, June, 1852,) the nitric acid as a powerful remedy in whooping-cough and asthma.

"In whooping-cough," he says, "at whatever age, whether it be a child at the breast or a full grown adult, I administer nitric acid in solution, as strong as lemon juice, sweetened *ad libitum*. I have given to a child of two years of age as much as one drachm and a half of concentrated nitric acid, in the above manner per diem, and I have never known the disease to resist its use beyond three weeks. In one instance, that of a child at the breast, only seven months old, the disease disappeared withi

eight days. In another instance of a young lady fifteen years of age, the paroxysms were subdued within the first twenty-four hours, and the disease disappeared within ten days. Again, in the cases of two boys about ten years of age living at a great distance from one another, who had had the cough for several weeks, and to such a violent degree, that both of them had the circumference of their eyes ecchymosed, as though they had been pummelled in pugilistic combats, the acid acted positively like a miracle. A medical *confrere* of mine had four of his children severely affected with the same disease in the middle of winter; and although they had to be kept in doors, owing to the inclemency of the weather, they were nevertheless all perfectly cured within three weeks. I might go on to cite a hundred similar instances, but these, I am satisfied, will prove sufficient to induce the profession to adopt this treatment. As regards asthma, the use of nitric acid has proved not only in my own practice, but in that of others who have adopted it is truly marvellous.

[It will be remembered that Dr. Hopkins, of Bethel, Georgia, in a communication published in the number of this journal for October, 1850, page 549, extols the powers of nitric acid in asthma, and relates five cases in which he successfully employed it. — *The Amer. Med. Jour. of the Med. Science.*

NEGLECT OF VACCINATION.

BY T. HERBERT BARKER, M. D.

SIR,—In common with many of your readers I have been considerably interested in the correspondence on the subject of vaccination, which has latterly appeared in your valuable journal. There can be but little doubt that if vaccination were *properly* and *universally* practised, small-pox would ultimately be well-nigh exterminated from the country; and the correctness of this assertion is borne out by facts. Take Sweden, for example, where vaccination is enforced by the authority of government.

In the year 1779 small pox destroyed 15,000 persons.

"	1784	"	"	12,000	"
"	1800	"	"	12,800	"
"	1801	"	"	6,000	"
"	1822	"	"	11	"
"	1823	"	"	37	"

In the absence of any compulsory act, however, I am persuaded that much may be done by adopting the suggestion of Mr. Owen Fox, of Broughton (see the *Lancet*, May 22, 1852,) to make non-vaccination a disqualification for national schools, do-

mestic service, admission to friendly societies, parochial relief, etc.; and would refer to this town in confirmation of the statement. In Bedford we have numerous schools for the education of youth, founded by the munificence of Sir William Harper, and some thousands of pounds are annually expended for this purpose. It was wisely arranged by the trustees of the charity, that a certificate of vaccination should be submitted to them before admission to the schools; consequently this operation is universally submitted to as indispensable, and without prejudice. When small-pox has been accidentally introduced into the town, the cases of the disease have almost been restricted to adults who have not been vaccinated in early life, or to children too young to be admitted to the schools, whose parents had neglected vaccination.

It will be well for medical men at once to use their influence in making vaccination a *sine qua non* in the instances referred to; but I must confess that I should like to see a powerful and well-organized effort made to induce the government to pass a *compulsory Vaccination Act*. Surely the benefits to be derived from universal vaccination could be so clearly laid before our government, as to induce it to disregard what Dr. Maunsell has very aptly described as "our own, almost national, caprice; and childish refusal of the slight constraint upon personal liberty that would accrue from the legal enforcement of vaccination."

Bedford, June, 1852,

—*Nashville Jour. of Med. & Surg.*

CAUTERIZATION OF THE GLOTTIS IN WHOOPING-COUGH.—M. Joubert has published the results of his experience of this mode of treating whooping-cough. He has treated in all 98 cases in this manner, but he excludes 30 of these as not being worthy of reliance. The remaining 68 cases he divided into three series, according to the period at which the treatment was commenced. Of these, the general result were, that in 40 the cure was rapidly effected, in 21 a marked relief was experienced, and 7 cases only the treatment failed altogether.—*The Amer. Med. Jour. of the Med. Science.*

PART III.--EDITORIAL.

BAD SURGERY.—How frequently do the most serious consequences follow what appears to the physician to be injuries of little importance. A surgeon should know his duty, and he should discharge it, and not be influenced by or dictated to, by friends or even the patients; thousands of lives have been sacrificed to “the god of ignorance” which belongs to, and is daily worshipped by many in the medical profession.

We propose to give some of the cases which have come within our observations and occurring too in the practice of our “best surgeons” and they too the very men who are daily opposing the efforts which are being made by the Eclectic School of Medicine to correct and reform these errors.

Case 1. Dr C. was called to visit the son of Mr. P. æt. 15, with fracture of the arm, the Dr. applied the usual dressings but evidently too tight for on the third day when I was called, I found the hand and wrist in a state of mortification, and the boy laboring under severe paroxysms of lockjaw, of which he died the next day.

Case 2.—A little boy in the Western part of the city a few days since, stepped upon a piece of glass and cut his foot badly. A neighboring physician was called to attend him, he applied his dressing, the wound healed by first intention and all was thought to be well, but one morning he was taken with severe pain at the point where the glass had entered. The doctor was called and made an incision, found a large piece of glass and removed it. The same evening the boy was attacked with lockjaw and died the next morning. Had this wound been properly probed and examined, no doubt the glass would have been detected and removed; this would doubtless have saved the life of this promising boy. As to such carelessness on the part of the physician, our readers can form their own opinions.

Case 3. Mr. F. of this city, met with an accident about ten months since, by the falling of a window sash, by which he got the back of his hand badly cut with broken glass. A prominent surgeon of this city was called to attend the case; it was at once sewed up, and pronounced to be all right. From that time until last week, Mr. F. suffered very much with his hand. It frequently became much swollen, inflamed and painful, and at last a small piece of glass came to the skin and was removed by Mr. F. Still the pain and swelling did not leave him. I was consulted, and upon examination gave it as my opinion that there was yet glass in the hand. I made a deep incision on the back of the hand by the side of the tendons of the second finger, then through the capsular ligament when the scalpel came in contact with the glass; this was seized by a strong forceps and removed; it proved to be about one inch long, one fourth of an inch wide at one end, and about one eighth of an inch at the other.

Now, if this wound had been carefully examined the glass must have been

detected, and all danger to the life of Mr. F. prevented. What is remarkable in this case, and so far as my own information extends, is that no similar case has ever occurred, where so large a piece of glass has remained in contact with the tendons so long without producing death. I think that his life being spared under such circumstances, is truly remarkable.

The carelessness or ignorance displayed in the above three cases is truly disgraceful to the profession, and well calculated to throw distrust upon the whole science of Surgery. Here, now, are three cases which appeared to the attending physicians of no particular importance, and had they been treated rightly there really was no great danger attending them, but we see that two of the three resulted in death. One more point I wish to impress upon the minds of the readers, that neither of these physicians were of the Eclectic school of Medicine, but all belong to the honorable profession which spend more time in denouncing our school of practice, than in improving their own minds. I have several cases to which I will refer at another time. N.

LECTURES OF THE ECLECTIC MEDICAL INSTITUTE.—Students are already arriving in the city to attend these lectures. Those who wish to be early in dissection would do well to be here as early in October as possible. There is every indication at the present time, that at the opening of the session, there will be a larger class in attendance than has ever before attended any medical school in the West.

Students arriving in the city will call at my office, corner of College and Seventh streets, where they will receive all the necessary information. N.

CORRESPONDENCE of the Eclectic Medical Journal:

Maysville, Ky., June 24th, 1852.

DR. R. S. NEWTON. Dear sir:—You request a statement of the cholera as it occurred here—the extent of the mortality, etc.

You are probably aware from the statements in the papers, that the disease commenced here with violence, on Sunday morning the 6th inst. It continued through that week and the Sunday following, and then abated. During those eight days, forty cases occurred, of which thirty-four died, and six recovered. It fell to my lot to treat only five of the forty cases, four of which recovered, and one died. I do not think that this one would have died had he been properly nursed after a full reaction was established. Still as he died, although apparently from neglect in nursing, he must be counted as a fatal case. The other thirty-five cases were all treated by old school physicians, thirty-three of which proved fatal, and two recovered. During that period the disease was confined to a small district at the lower end of the city, which has always been very filthy, since my acquaintance with it. Two or three individuals died in other parts of the city, but they had been laboring in that vicinity. Since the 13th inst. some eight or ten cases have occurred in different parts of the city, of which four or five have died. These were all treated by old school physicians. I have been informed this evening, that three cases occurred this morning, two of which must inevitably prove fatal, and probably the other also. Within the last three or four days a few cases have occurred among the hands on the railroad, two or three miles back of town, and I have been informed that three or four have died.

A few days after the 13th inst. when it was thought that the cholera had entirely disappeared, I was informed that several of the old school physicians had remarked to their friends that the cholera was very malignant this season, that

their medicine did no good whatever, and that the *patients did as well without medicine as with it, for all died any how*. This I believe was the truth so far as their practice was concerned, and I thought it a very frank acknowledgement. The same acknowledgement might have been made with propriety in 1849; for out of the first fifty-one cases that they then treated, fifty died, and only one recovered, while in my practice that season, the first thirty-five cases that I treated, all recovered. At times I am inclined to doubt whether the old school ever cure a case. Some, indeed, get well in spite of the disease and treatment too; but I am inclined to think that they recover easier without the treatment.

Attacks of dysentery are frequent with us now—occasionally a case of bilious diarrhoea, and Typhoid fever, all of which readily yield to Eclectic treatment.

In haste, yours truly,

J. R. PADDOCK.

Extract of a letter from Dr. E. J. TALCOTT, dated Hampton, Ill.,

"I have taken the place of an old school practitioner, and find that the principles and practice of Eclecticism are new, yet I hope the merits of the system will make it approved. I think of the Eclectic Medical Institute with deep interest, and shall use my influence for its prosperity. I hope to be able to send several recruits to join the army of reform."

The following letter from a physician who has practised formerly upon the old school plan speaks volumes for the Reform practice:

GENTLEMEN:—Though educated in an Allopathic school, and using some medicines which the Eclectics reject, yet I am not bigoted; but on the contrary, my motto in our profession is, "prove all things, hold fast to that which is good." My object in this communication is to give an account of a case wherein I used a combination of concentrated medicines, described in your Dispensatory, that were new to me. The particulars of the case were about these, as well as I can recollect:

Mrs. C., æt. 40, somewhat dyspeptic, costive habit, and delicate constitution, had been treated by Dr. C. for a chronic affection of the liver. He had produced slight ptyalism twice during the treatment, and blistered on two occasions over the hypochondriac region.

The lady discharged her physician, and sent for me. I found her confined to bed, with indurated and atrophied liver, anorexia, and entire want of action in the skin, cold extremities, and no evacuation from the bowels, except when provoked by large doses of the most active purgatives. The treatment for such a case, as recommended in our medical works had been faithfully pursued, yet the patient became worse, and when I first saw her, she had almost despaired of recovery. Upon examining her liver particularly, I found it about half the natural dimensions, and almost as hard as a board. I concluded if there was any superiority in the vegetable alterative over the mineral, now was the time to test them. I prepared a powder to be given every 3 hours in the following dose and composition, until it acted on the bowels.

R. Podophyllin,
Leptandrin,
Sanguinaria, aa. grs. ij.

I also made the Nitro-muriatic acid bath, as recommended by Dr. Johnson, in his Treatise on Diseases of the Liver. I have derived signal benefit from this preparation in many chronic diseases, attended with cold extremities, indicating deficient capillary action. It acts locally by stimulating the skin, and by its absorption affects the secretions generally; but it takes some days to exhibit its beneficial effects. The powder, however, did much good in less than forty-eight hours. I continued the powders about one week, then gave a tonic compound of columbo and Gentian. Diet to consist of unbolted flour

bread, and rye mush. She improved rapidly and instead of being confined to her bed for months as I expected, if she recovered at all, she was on horseback in two weeks. and is now enjoying pretty good health. F.

Extract of a letter from O. Ford, M.D., dated Hyannis, Mass., Aug. 13, 1852:

"I have practiced Allopathy forty-five years, and now, at this late period, have embarked in the reformed practice, and with much greater satisfaction to myself, and profit to my friends."

The subjoined letter, dated at Chesterfield, Ohio, from William Cornelius, M.D., will be of interest to some of our friends:

"I have located here permanently, it is a beautiful little village, situated on the Indianapolis and Bellfountain Rail road. There are two Allopaths in this place, and there are over one dozen in less than ten miles. Not more than two or three have ever been in a Medical College, and I do say, without prejudice against the Old School, that there is more Quackery here than in any place I have ever been. One case, of a child, some four or five years old, had Phrenitis, the parents being very wealthy, had some three or four of the best of them, and they soon exhausted all their skill and science, and I will tell you precisely what that consisted of. They first gave the child a cathartic of calomel and jalap—then bled it freely—blistered it between the shoulders, and gave it morphine as a sedative, but of course the patient got worse. They then blistered the child's forehead, and also the top of the head. The child soon died. If you know of any Eclectic Physicians wishing a good location, the best I know of is at York Town, seven miles east of this, on the railroad. Alexandria, fourteen miles north of this, is an excellent place. Middletown, six miles south of this, is also a good location. Anderson Town, six miles west is a good location for an old and experienced physician—one who can withstand a regiment of the Old School."

Reply to Mr. Cleveland's enquiry on the following subjects: "The Arctium Lappa (Burdock seed, one gr.) I use extensively in the preparation of a blood purge, combined with Senna two gr., Rad. Rhei. xii gr., Manna ii grs., Cream of Tartar, i gr., Fennel seed i gr., and Epsom Salts ii grs., Liquorice root, iv grs., boiling water three pints, and with the same beneficial results as an aged physician who used it during thirty years of his practice, from whom I obtained the receipt, which has performed wonders in derangements of females about the period of their change, and the seeds conceived to be identical in their curative indications with Sarsaparilla ("only a little more so") by the physician alluded to, as in another recipe, he substitutes the officinal sarsaparilla. So much from a druggist, (who also claims to have considerable botanical knowledge) as regards the "Lappa Major" of modern botanists.

J. STAUFFER, M.D.

Mount Joy, Pa., Aug. 1852.

THE
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PART I,---ORIGINAL COMMUNICATIONS.

CERTAIN WANTS OF THE MEDICAL PROFESSION.

BY W. BYRD POWELL, M.D.

There are in every medical, religious and philosophical sect, a few who are sufficiently liberal, honest and independent to read and investigate the claims and pretensions of all other sects. The *liberal* minded cannot be made to believe that it is possible for any large body of co-laborers, to exist for any reasonable length of time, devoted to any special subject, without discovering hitherto unknown principles, or new methods of applying those which are known. The honest, knowing that no sect can create truth, that it is the inheritance of all who seek it, desire to possess it, and are ever ready to avail themselves of its advantages. And the *independent* never hesitate to declare their adhesion to a truth, however unfashionable it may be, or however violently it may be opposed by the selfish, the sordid, the bigotted or any other class of the conservatives of fashionable evils and antiquated errors.

The term Allopathy, in our opinion, embraces every sect that does or can exist in the profession—and that no one is more entitled to it than another. The word Doctor, does not discriminate between the professors of law, medicine and Divinity—they are all Doctors. The term Allopathy, therefore, can have no technical or discriminating meaning, unless used generically to distinguish the medical from the other professions. Allopathy, then, is the name of a genus, and all the existing and well-defined sects, as Homœopathists, Chronothermalists, Hydropathists, Lectetists, Thomsonians, and last, but not least, the Parascelsuses, constitute so many species; and of all these, the last is the least definable because of the immense number of varieties which it embraces.

We may name a few varieties of the last species in this country. In a large portion of the south we have the Broussayites; in some of the southern and middle states, Cookites, further North, Rushites, and in those states which are more remote from the distinguished schools, we have a conglomeration of all three. In the Lexington school during the most distinguished days of Profs. Caldwell and Drake, we had two sub varieties—the Caldwell and the Drakeites. The former was a scholastic, a Broussayist, or a Chapman, or made up of both, and the latter was anti-Caldwell.

Between the Broussay and Cook varieties there exists as wide a difference as between any two of the species, and yet they band together to oppose the others; they claim to be Allopaths; to belong to the oldest, the most definable and also the most honorable species.

As the word Allopathy was never of any genuine use to the profession, and as it is now used, and apparently by common consent, to designate a species—a species too, which would baffle the skill of a Cuvier or an Agassiz to describe, we shall in this communication, so use it. In this species, or sect, there are more hopeless or God-forsaken bigots than there are in all of the others, but we are proud to add, that it contains very many of as talented and as noble spirits as ever adorned an age or a profession.

For the purpose, then, of distinction, we shall designate the old and time honored species as the Allopathic. Having now got the brush moved out of our way, we can proceed with the purpose for which we began this article, viz: to expose certain wants of the medical profession.

The Eclectic branch or species of the profession through the influence of time, extraordinary exertions and unparalleled success in practice, has acquired an influence and a reputation that is causing a very general demand amongst the younger, and least committed of the Allopathic for information, as to their doctrines, therapeutics and mode of practice; and this information they have a right to expect—to demand, and the Eclectics should consider themselves as bound to furnish it. This can be done only through the medium of such text books which they shall endorse. Allopathic physicians who desire this information cannot so far shuffle off their professional responsibilities as to attend a course of Eclectic lectures, nor would it be essential that they should, if Eclectic text books could be had, because, being conversant with the fundamental elements of the profession, it would be easy for them to make the transition from the Allopathic to the Eclectic practice. Many are now, as rapidly, as they can obtain information, silently but honestly making the transition. This is not all, we have never known one Allopathist, who did not, after a thorough examination of the Eclectic

practice, adopt it. This is the greatest of all possible compliments to Eclectic Medicine. The man who shall have travelled two roads can with judgment, decide as to the better, and no man but a bigot would presume to decide without such practical means of comparison; and yet seventy-five per cent. of the Allopathists do denounce the Eclectic practice, although entirely ignorant of it. These are the hopeless bigots—their condition is one of commiseration.

The Eclectic students are clamorous for text-books; but as yet we cannot say that the want has been of any injury to them. They have, thus far, been required to read the Allopathic text-books, and with this reading they have had the lectures of their own Professors. In this wise they have been forced to become acquainted with the doctrines and practice of both, and upon embarking into practice they soon become able to decide upon their relative merits, and as yet, we have not heard of one who adopted the Allopathic. This course of study has another happy effect—it has saved them from bigotry, the greatest evil that can afflict society—it chains the mind down to what is, and then closes the door against further advancement, with this motto inscribed on it in the indicative mood,—“ignorance is bliss and it is folly to be wiser.” There is yet another good effect which attends their want of Eclectic text-books; it causes them to attend more closely to the lectures of their professors, knowing that they cannot obtain them elsewhere.

Notwithstanding these advantages the general good of society requires that they should be provided, for the time has now arrived when the other sects, especially the Allopathic, having become satisfied that they cannot crush Eclecticism—that it is too permanently rooted in the partialities of the people to be eradicated by scoffing, they will, if not through honest and liberal motives, they must for their bread and butter, investigate its claims and adopt its practice, or greatly modify their own.

As a beginning to the great requisition two of the Cincinnati Eclectic faculty have produced a work on Pharmacy, which has attracted even Allopathic attention.

This sect, if such it can be called, being an assimilation, in a great measure, of all the truth contained in the others, like blood which has been elaborated out of all that is nutritious in bread, potatoes and beef, should next aim to supply the entire profession with a text-book on Physiology; because those we have are but little more than a mass of opinions which have accumulated since the dawn of medical investigation. Most of the works on this subject are rich in facts, and false facts—masses of learning without useful application, and so they will remain until based upon an intimate acquaintance with the functions of the brain—that portion of human organization which, in each individual, indicates his physiological condition and his pathological liabilities and predispositions. We have said that the Eclectics should

produce this desideratum, and our reason for this opinion is to be found in the impossibility for a man who has been all his life identified with Allopathy, so far to divest himself of its scholastic speculations and learned jargon as to let himself down to the simplicity of nature, in all her operations. Amongst the Allopaths there is learning enough, but not observation enough—too much speculation, but not enough of reasoning—too much hypothesis, and not enough of fact. They hold the same relation to physiology and medicine that the metaphysician did to mind—dispensed with observation,—overlooked the real facts, and relied upon speculation to reveal the philosophy of their subject. We hold the Eclectics to be the most philosophical branch of the profession—they are a matter-of-fact people, who attach more value to one well observed fact, than to a volume of learning. They indeed, could not be otherwise. After detaching themselves from Allopathy, observation was their only guide, and every doctrine presented to them, in the books, was compared with the revelations of nature. They are, however, but men, and when they shall have numbered a hundred years, more or less, they will, in all probability, manifest that pride of opinion, that bigotry, that exclusivism, and finally, that stand-still-ism which now distinguish the Allopaths.

But ere that time shall arrive the present Eclectic movement will be lost in the great and common stream of the profession, or in the midst of other exciting and conflicting sects it will dwindle into a single paragraph on the page of history. This will be all right—revolution is the established order of all that obtains in bounds of our vision. The earth we tread shows that it is the result of countless revolutions, and so of government, religion, arts and the sciences, as we now understand them. Each revolution is but a wave, to be succeeded and obliterated by another, and the man who shall plant himself to resist this law is not only a bigot, but a fool—as great a fool as he would prove himself to be in resisting the descending force of a mountain avalanche.

How many of such near-sighted and unthinking creatures exist in the Allopathic sect, and filling, too, high places? In proportion to population fully as many as were arrayed against the discoveries of Galileo, Newton, Harvey, Jenner and Gall, and the same will be their fate. Is not this great truth in rapid progress of development? Do Allopaths bleed as much as they did at the dawn of Eclecticism? Do they give as much calomel? Have they discovered substitutes, or improved the principles that authorized such a practice? In fine, are they not using the Eclectic remedies, and upon Eclectic principles from one end to this great union to the other?

These facts illustrate the great demand which now exists for Eclectic text-books. Allopaths, Homœopaths and Hydropaths want them, and Philanthropy demands them.

Eclectics—permit us to admonish you to keep out of the sloughs.

n which we have found the Allopaths, as a body, ever since your reformatory movement commenced—never be caught opposing anything before you shall have patiently and carefully investigated it, for, be assured, that you cannot arrest the onward march of truth, and for the reason that it carries with it the power that created it. With a becoming and wise humility allow the history of the past to be your teacher for the present—permit the reflection to be ever present with you that as storms and tempests improve the atmosphere, so revolutions advance all human interests—that the great purpose of God's providence is the general good, and consequently nothing else can or ever did result from revolution.

Although we cannot arrest revolutions, yet by an enlightened and forbearing course, we may aid in so guiding them, as to greatly abridge the useless mischief that too frequently results from them. Who, at this day, remembers those who opposed Jenner, Harvey, and Newton? And how long will those be remembered who have and are yet opposing the Eclectic movement which is now shaking the medical profession throughout this continent? They are doomed to be forgotten. Why should they be remembered? They have only lived to oppose that which the laws of an all powerful providence have rendered impregnable. At one time this might have passed for idle declamation, but now it must stand as a demonstrated truth—the time has passed for Eclecticism to look back—it has crossed the Rubicon and the result is certain.

On practice, our books generally come to us labeled "Theory and Practice"—the first is hypothetical, and therefore it is exceedingly uncertain whether the second is attended by recovery or death. Now as life is too sacred a matter to speculate about, we would suggest to the Eclectics that, when they shall produce a book on practice, they leave out all theory,—treat only of symptoms, diagnosis, prognosis, and therapeutics. This will be enough till facts sufficient shall be possessed to result in a *system*. Until such an event shall arrive in the history of medicine, all practice must be empirical—not guided with the precision of science. All that we can hope at present is to obtain unquestionable facts and to excel the other sects in practice. The Allopaths charge the Eclectics with empiricism—in the abstract, the charge is true, but the statistics of mortality, respectively show that they have placed the large saddle upon the smaller horse, and the public is rapidly discovering the mistake—indeed, from the signs of the times, one would suppose that they begin to suspect as much themselves; at all events very many of them are anxiously waiting the appearance of an Eclectic practice, and in truth, it should appear as soon as possible—the times demand it.

As to obstetrics, it is possible, and indeed probable that they cannot add much to the mechanical department, like chemistry and anatomy, it is the same in all, or should be: nevertheless it

is to be hoped that they will furnish the profession a work on the subject for the sake of its clinical treatment—there exists a want here and they alone can supply it in the best manner to promote the well-being of society. Prof. King is so well adapted to this purpose that it is to be hoped that he will not long defer it.

But of all the wants of the profession, that with respect to children makes the strongest impression upon our sympathies. As an Allopathist, we have injured some of them, but discovered our error too soon to do as much as we have known others to do. We were more fortunate than many others, and for no other assignable reason—a mere accident, for we never had the mortification of seeing a jaw, a face, or a life lost by the use of calomel in our practice, but have seen all this in that of others. For the purpose of arresting as soon as possible the monstrous evil of mercurial administrations to children, we hope the Eclectics will not procrastinate much longer a work on the disease of children—we know their practice to be more harmless and more successful.

When these wants of the profession are supplied the Eclectic movement will be greatly accelerated, and the amount of human suffering greatly reduced. It has triumphantly passed the period of mere experiment, and however unwilling the Allopaths may be to acknowledge her orthodoxy and respectability, they feel and suffer under her rivalry. The cry of quack and humbug, when made with reference to Eclecticism, now rebounds upon their authors with mischievous effect.

Covington, Ky., Oct. 1852.

PART II---MISCELLANEOUS SELECTIONS.

ON THE USE OF GLYCERINE IN THE TREATMENT OF CERTAIN FORMS OF DEAFNESS.

BY THOMAS WAKELEY, ESQ., F. R. C. S., SURGEON OF THE ROYAL FREE HOSPITAL, LONDON.

The class of cases to which I would draw attention in this report, are those of *cuticular* or *epithelial thickening* of the meatus, either *partial*, affecting the membrane of the tympanum, or *complete*, being continued over the entire auditory cul-de-sac. There is a greater or less degree of deafness, corresponding with the amount of thickening; cessation of secretion of cerumen; frequently tinnitus, or a "singing and hissing sensation" in the ear, and tickling irritation of the meatus. The causes are, constitutional predisposition, advanced age, chronic inflammation, long

continued discharge following eruptive fevers and the application of escharotics and irritants. Amongst the latter, I would mention oily preparations, the globules of which adhere to the sides of the meatus or membrana tympani, and become rancid, thus producing a very frequent cause of inflammation. Upon examination of the affected ear, we find the meatus shining and inelastic, of a pearly whiteness, the membrana tympani either clouded or streaked, sometimes having small elevations upon it. The meatus is quite dry, the cerumenous glands being choked up by the epithelial growth.

The mode of application of the glycerine, when treating this state of the ear, is as follows:—The meatus is well cleansed with tepid water, and then dried by means of the forceps and cotton. Glycerine is now poured into the meatus, and a plug of gutta percha, softened in boiling water, made to fit the external opening; this takes the exact form of the ear, becomes hard, and effectually prevents either the entrance of atmospheric air or the exit of the glycerine. The ear should be examined daily and the same process repeated. The lining membrane can be examined with a blunt silver probe, passed gently through the speculum auris, to ascertain the effect of the glycerine upon the cuticular thickening. The meatus will gradually lose its shining pearly appearance, and softened pieces will fall off, and can be removed either by the forceps, or gentle syringing. The practitioner should never attempt to tear them away, but allow them to come away by the means just stated. The treatment occupies ordinarily from two to four weeks, and is generally without any pain or inconvenience of any kind to the patient, and the results, in some cases have been very gratifying. In the after treatment the patients are directed to moisten the auditory canal at least once a week with glycerine applied by means of a camel-hair brush; this will generally prevent a recurrence of the cuticular thickening.

The *modus operandi* is simple enough—the glycerine being kept continually in contact with the part, acts mechanically, either absorbing or penetrating the epithelial coating, and separating the individual particles.

With respect to the permanence of the relief—some cases always require the presence of glycerine as the best known substitute for the natural secretion of the aural membrane. The frequent introduction of the glycerine tends to restore the external meatus to a healthy condition, and fit it for the healthy transmission of sound.

The mechanical power which glycerine possesses in separating this epithelial growth in some cases is very remarkable. I was consulted about two months since by a lady of rank, a patient of Sir James Clark, for deafness in both ears. In the right ear there was almost total deafness, from an enormous amount of epithe-

so that it would not receive the smallest-sized speculum. The depth of the *cul-de-sac* was also much less than normal, from the same cause. The lady was between seventy and eighty years of lial thickening, which narrowed the calibre of the auditory canal, age, and told me that she had been deaf from her childhood in that ear; and there is but little reason to doubt that the deposit had been accumulating and hardening during nearly the whole of her life. The glycerine was used in the manner already described, and its action was very beautifully illustrated. A short time since, a large mass of the softened growth was removed without any inconvenience to the patient,—a larger quantity, perhaps, than I had ever before separated from the ear. The calibre and depth of the ear will therefore be increased considerably when the swelling of the lining membrane shall have subsided from its having been saturated with glycerine; this will gradually exude and come away. This case is still under treatment, and I shall mention it again at a future period, when the effects of the treatment upon the hearing can be safely declared.

I may mention another case in the family of a nobleman, patients of Sir B. Brodie, where very considerable thickening existed over the entire aural *cul-de-sac*, but which readily yielded to the softening action of the glycerine, although it had previously resisted the use of caustics and various applications of the essential oils, &c., ordinarily employed.

In this report, I feel it absolutely necessary to caution the profession against the use of the impure glycerine in the market. Several samples have been forwarded to me by both surgeons and patients. Upon careful examination of the liquids, I found only one sample to consist of pure glycerine; the others had a low specific gravity, or contained a considerable quantity of lead or of rancid oil, having been manufactured from putrid fat.

Thus it is easy to account for failures in many cases that have been reported; and I would strongly urge surgeons who are treating certain forms of deafness with glycerine to test it themselves, and thus be certain of the purity of their agent. Pure glycerine should be a white, syrupy fluid, inodorous, specific gravity not less than 1.32, quite free from oily globules and oxide of lead. The latter may be detected by passing through it a current of sulphuretted hydrogen, which will easily blacken it. Any fatty matter may be discovered by mixing it with water: the disagreeable smell will at once prove that it has been manufactured from putrid fat.

In conclusion, it may be said, that impure glycerine being so easy of detection, it is desirable that its utility as an agent in the treatment of deafness may not henceforth suffer from the employment of an article that has no nearer affinity to glycerine than the name.—*London Lancet*.

CONGRESS BOOTS—TIGHT LACING, WEAK ANKLES, &C

BY E. WILMARTH.

I have just had my attention called to an article in your Medical Journal of the 11th of August last, condemning the wearing of Congress boots particularly, and all tight lacing generally.—Now, you cannot disapprove and condemn *tight-lacing* more heartily than my humble self; but believing you are in error in your conclusions about the *Congress boots*—that you have so mixed them up with strange and bad company, that they may suffer, like poor Tray in the fable, I take the liberty to trouble you with a letter on the subject.

Congress boots are an American invention, and have been in use, here in Boston, over six years—during which time, the demand for them has been more than doubled each succeeding year, and has always far exceeded the supply, even at seemingly high prices. The manufacture and sale of them is now immense, far exceeding that of any other kind of genteel boot and shoe. They are now made and worn wherever boots and shoes are made and worn. Even the Queen of England, and the aristocracy of Europe, wear them. And they give such general satisfaction, that all those who wear a pair of them, properly made, thereafter want the “Congress” and nothing else.

Strange as it may seem, taken in connexion with the article in question—accounted for, however, to my mind, by your recent and long absence—it is nevertheless true, that Congress boots are generally worn by surgeons and physicians, and have been by them extensively recommended for, and worn with the most satisfactory results by those who have weak ankles, and those subject to “swelled feet and dropsical limbs,” &c.

Why, my dear doctor, ladies who wear the *old-fashioned* gaiter boots with openings in front or at the sides to let the feet in, and strings or laces to close up these openings and thus confine them to their feet and ankles, will always lace them as tight as possible, to make them set well and show off their pretty feet and ankles to the best possible advantage; and I do not blame them, for they know that all gentlemen like to see a well-turned and neatly-fitted foot and ankle, as well as a handsome face and form. And as this tight-lacing is usually done while they are in a quiescent state, of course their feet and ankles are not then usually swollen. Well, does not *this* tight-lacing, binding the ankles, as it really does, about as tight as you would bind a ligature for bleeding, *cause* the feet and ankles to swell? And, thus laced does not walking, dancing, etc., cause them to swell even worse yet? I have seen ladies in such pain, caused by these bungling and awkward old-fashioned contrivances, that they could not

walk, but merely *wriggled*, as they moved along, with tears in their eyes, and looking miserable beyond the power of paint and putty to conceal it! You can see such sights on Washington street any *fair* day.

Now you know that these old-fashioned strings and laces will not give or stretch to suit the wants of the foot and ankle.—Neither will the materials of which the boots are made. And on this account the strings frequently break or tear out, or the boots rip or burst, and are thus ruined. And therefore, I think ~~this~~ the kind of “boa constrictor” binding of the foot and ankle, which should be condemned and banished from society.

On the contrary, Congress boots are without the nuisance of laces or strings, or any openings requiring them. The elastic gores readily and easily expand to admit the foot, and then close up around the ankle, causing the boot to fit the foot and ankle like a glove. In this respect, no other boot or shoe can compare with them. And they are so elastic that they readily yield to and accommodate all the wants of the foot and ankle, while sitting, standing, walking, dancing, etc. The elastic brace they furnish, renders them invaluable for much exercise on the feet, especially dancing. And of course they will wear longer, as well as better, than the old fashions—i. e. *if properly cut and made*. And how much easier and quicker they are put on and off, than the old fashions! Why, doctor, they are the handiest, the neatest, the most comfortable, best, and in the end, *cheapest* covering for the feet ever invented!

Instead of being uncomfortably tight around the ankles, I have known ladies who had never worn a pair of Congress boots, at first object to them, “because they could not *feel* them enough”—*because they did not bind their ankles tight enough!* Of course *their* ankles had been so accustomed to the old fashioned strings and laces, or tight cording, that nothing short of such abuse seemed to satisfy them. It had become a sort of second nature. But when such ladies had once tried a pair of these boots, properly made, and ascertained their real merits by practical experience, they would never after wear any other sort of boot or shoe, even as a gift—provided they could get suited with a pair of Congress.

In fact, those who know or ought to know the most about these Congress boots believe their effects on the wearer to be *exactly the reverse* of those ascribed to them in the said article in this Journal; and that is one of the principle reasons why they have been so extensively recommended and patronized.

It may not be deemed out of place here, to name the fact, that the elastic webbing used in these boots, is the same kind that is so extensively used by surgeons and physicians, and those who manufacture their articles, for *bandaging* swollen limbs, &c. I have yet to learn, however, that *this* India-rubber contrivance, or

any thing of the sort, would do to bind a ligature for bleeding. Probably it would be found rather *too* elastic for any such purpose.

I fear, my dear doctor, that these Congress boots are located so low down, that *you* have overlooked their real merits, and attributed to them faults that belong to the old fashions—faults which this invention was designed to obviate, and which they always do obviate, when rightly made. Indeed, I think the shoemaker ahead of you in *this* invention. You know it is their business to look low down, for their *business* is low down. And you know there are “learned shoemakers” as well as “learned blacksmiths.” And I know there are botches engaged in shoemaking as well as quacks in medicine, &c.; and the former are as bad as the latter. They always manage to do mischief—even in making Congress boots—and the good too often suffer in reputation and business on their account.—*Bos. Med. and Surg. Journal.*
Boston, September 9, 1852.

CASE OF RESUSCITATION.

DR. CARTWRIGHT'S LETTER TO MRS. WILLARD.

New Orleans, July 27, 1852.

DEAR MADAM: The thread of my communication of yesterday was broken off to give you time to look over the phenomena witnessed at an experiment performed on a crocodile at my office, on the 18th of June last. I now resume the thread of the narrative, which leads us back to the house of mourning, where, you remember, we left the dead child. The crape on the bell handle has been removed, groans and wailing are no longer heard within. The house is full of joy and gladness—seraphic music; no harmony of the opera can equal the music of the heart. Let us enter, and see what has transpired since we left it a few hours ago. But where is the child which had the cholera; the cholera followed by tetanus, and the tetanus by death? When Dr. Dower was called to it, it had that species of tetanus called *opisthotonos*—drawn back like a hoop. The muscles of respiration could not perform their function, and the child died for the want of power to inhale and expel atmospheric air.

After the physician had left the house and pronounced it dead, the father, oppressed with grief, and suffering all the poignant anguish of a parent, we can well imagine, began to ask himself if everything had been done, that could be done, to save his darling son, the apple of his eye. Something *may* have whispered to him in the negative. He had been ruminating very deeply and very lately on the subject of certain papers, published in the

Boston Medical and Surgical Journal, giving an account of crocodiles having been brought to life, after having been dead and even cut to pieces, by awakening in the lungs a certain motive power, recently discovered, called hæmatokinetic. It is not too much to suppose that a new thought, suddenly transfixing prejudice, flashed its light to the soul, "*that the hæmatokinetic power, or something equivalent to it, heretofore unknown, must have some existence in nature, or such effects could not be produced upon dead crocodiles by the vision of the brain or a woman's dream.*" Such a thought, if it came, came not alone. It brought Hope—Hope, smiling and waving her golden hair, always ready to touch dull humanity with an ethereal spark of noble activity. That such a spark touched the distressed father, arousing him from the lethargy of grief, into quick, prompt, and decided action, is most evident from the circumstances which followed. Because, after the doctors had left, quick as thought he aroused from the stupor of woe into the full exercise of all his mental and bodily faculties, and instantly brought to bear, on the corpse of his son, the measures and means which had been so effectual in resuscitating alligators. Success attended his efforts. His child came to life! But it did not live long. The pulse failed, the heart ceased to beat, and it died again. Air was a second time thrown into the lungs. The blood-moving power, located therein, was again awakened, again the heart began to flutter and to beat, and the blood to circulate, and again the child came to life. A third time it died, and a third time it was brought to life by the same means, which were persisted in, until the muscles of respiration had regained their power, and the little boy was able to breathe without artificial assistance. He is now alive and well. I saw him yesterday, and had him in my arms.

Little fellow, welcome! thrice welcome to this world again.—Your help was needed; you came in good time. You should cease to wonder, Madam, that a mysterious power impelled you to announce a great physiological fact to the world, when you thus see a little child selected to defend it—to defend it against a renowned champion and logician, who had no sooner made what was generally supposed, an unanswerable argument against it, than a little child refuted all he had said, and that child his own! It had not learned to articulate words; yet it made, on or near the 4th of July, 1852, an oration in defense of the truth you had announced, abounding in transcendent eloquence; consisting in action, action, action; one action following another in rapid succession, until, casting off the shadows of death, and putting on the radiant robes of life, the little orator, William Francis Ely, less than six months old, astonished, amazed, and filled with gladness the whole house and neighborhood, raising from the very depths of despair to the highest pinnacle of human felicity its most affectionate parents and kindred. But it stopped

not at appeals to the feelings and passions—but went into a lucid explanation of the most profound physiological mysteries, which the greatest physiologists, from John Hunter to the present day, after the most protracted labor and research, have been unable satisfactorily to explain—viz., why the left ventricle ceases to act, and very soon the right ventricle also, after the lungs cease to play. The discovery of the hæmatokinetic or blood-moving power derived from the inspired air, the existence of which was so clearly proved by the young Ely in passing so often from death unto life, reveals the mystery.

I have the honor to be, very respectfully, your obed't. servant,
SAMUEL A. CARTWRIGHT, M. D.

To Mrs. Emma Willard, Troy, N. Y.

[*Boston Medical and Surgical Journal.*]

OBSERVATIONS ON CERTAIN COMPOUNDS OF IODINE WITH QUINIA AND CINCHONA, AND ON SEVERAL PREPARATIONS FROM PODOPHYLLUM, SANGUINARIA, AND CONIUM.

BY W. MANLIUS SMITH, M.D.

A portion of my medical studies were conducted under the private instruction of Dr. William Tully, of New Haven, (now of Springfield, Mass.) That gentleman was in the habit of prescribing in scrofulous diseases a preparation he called *protiodide of quinium*, the termination *um* being in analogy with ammonium, on the supposition that the reaction occurring is similar to that where ammonia is presumed to become ammonium by combination. His formula was simply this:—To a known quantity, say one equivalent of disulphate of quinia, dissolved in the smallest possible quantity of boiling distilled water, a quantity equal to two equivalents of iodide of potassium was added. Sometimes, though not always, a slight yellow tint was produced in the liquid. On cooling beautiful stellated groups of crystals were formed, bearing a resemblance to the disulphate of quinia. Occasionally but few crystals were formed, but in place of them an amorphous resin-like substance adhered to the sides of the vessel. It was considered preferable to obtain the iodide in the latter form, as it could be made into pills without an excipient. The pills after being made a short time become firm and hard.

In reflecting on Dr. Tully's formula, it occurred to me that a sub-iodide of quinium, or perhaps an oxy-iodide, was formed while an equivalent of iodide of potassium was in excess, as the mother-liquid contains much of the latter salt as indicated by

corrosive sublimate. It then appeared to me that in order to form the protiodide the neutral sulphate of quinia should be used. I then added half an equivalent of sulphuric acid to one equivalent of disulphate of quinia in sufficient water, and afterwards one equivalent of iodide of potassium, when a transparent yellow liquid resulted, which on standing a short time assumed a gelatinous consistence. By pressure the greater part of the liquid was separated, leaving a light yellow mass that was easily pulverizable when dry, but not crystallized. The expressed liquid again became gelatinous from the separation of more of the salt.

I afterwards formed a double iodide of quinium and potassium, by adding to the solution of neutral sulphate of quinia as much iodide of potassium as was equal to two equivalents; a yellow precipitate occurred, which became crystalline on standing, and assumed the form of small feathery prismatic crystals. This salt probably contains water of crystallization, as the product obtained is greater than on theory it should be, if anhydrous.

By similar and parallel processes, *protiodide of cinchonium* and *double iodide of cinchonium and potassium* were made. I formed what I suppose are the deutiodides of cinchonium and quinium, by precipitating the potassium, from the double iodide of these bases and potassium, by means of an alcoholic solution of tartaric acid, in the form of bitartrate of potassa. The solution after being filtered was evaporated spontaneously. The salt of quinia is in the form of a deep brown amorphous mass: that of cinchonina in fan-shaped clusters of crystals.

A solution of iodide of cinchonina and potassium in alcohol, is decomposed by spontaneous evaporation, as iodide of potassium in cubical crystals separates to some extent.

I have formed in a manner analagous to that used in making the preceding compounds, salts in which bromine replaced the iodine, with quinia and cinchonina. They are all white or brownish-white preparations, more soluble in water than the iodides, and forming larger crystals. I have succeeded in making several compounds in which iodide of sodium replaced iodide of potassium.

The term *podophylline* is applied to the resin of *podophyllum peltatum* by the so-called "Eclectic practitioner." As prepared by them, the alcoholic tincture of the root is distilled to remove the alcohol, and the resin which separates as the alcohol distils off is removed from the watery liquid, dried and powdered. I consider a better mode is to concentrate the tincture till most of the alcohol is evaporated, and throw the residue into water when the resin precipitates. The consistence of the resinous liquid before precipitation by water is important, because if too concentrated the resin separates in clots, and is not easily washed. In its purest state this resin is colorless. See the *Inaugural Essay* of Mr. John R. Lewis, *Amer. Jour. Pharm.*, Vol. xix. page 165.

This resin of podophyllum will purge a susceptible person quite thoroughly five or six times, the last evacuations being very watery and copious. Two grains will purge actively persons of ordinary susceptibility, and three grains will generally suffice for almost any one. Some persons experience nausea and even vomit, though I do not know that they are more affected by this article than by any other active cathartic. The Eclectics also prepare *Macrotyn* from the root of the *Cimicifuga racemosa*, *Leplandrin* from *Leptandra virginica*, and *Sanguinarin* from *Sanguinaria canadensis*. The latter substance is to be distinguished from the *Sanguinarina* of Dana, which is an alkaloid. I have prepared some of the sulphate of sanguinarina by the process given in Silliman's Journal, 1831, Vol. 2d, page 503 and 504. Dr. William Taylor, of this neighborhood, has used this sulphate as an expectorant in lung diseases, and has been very favorably impressed by its action. He used it in doses of about one-fourth of a grain.

I have also prepared the preserved juice of *Conium maculatum*, (see U. S. Disp., 6th edit. p. 1159,) by adding one part of alcohol to two parts of the recent juice and filtering. It appears to possess the narcotic properties of conium in perfection; most subjects will be inconveniently effected with half a fluid drachm; some, however, will tolerate one fluid drachm or even more.

[NOTE BY THE EDITOR.—The preceding observations by Dr. Smith, constitute the substance of a letter to Dr. Wood, of the University of Pennsylvania, which was placed in our hands with permission to make such use of it as we thought best. We would remark, in reference to the first substance described by Dr. Smith, that the same compound was prepared, analysed, and described by Messrs. Lewis and Husband, in the 16th volume, page 21, of this Journal, April, 1844. These gentlemen consider it a dihydriodate of quinia, and state that the additional equivalent of iodide of potassium is necessary to the reaction. They tried to make a monohydriodate with neutral sulphate but did not succeed, as they obtained the di-salt with free sulphuric acid.]

Liebig (*Chimie Organique*, tome ii. p. 580,) refers to two salts of hydriodic acid and quinia; a basic salt, and a neutral one, but does not describe the mode of preparation.

In reference to Dr. Smith's nomenclature for the compound he describes, he is hardly justified in carrying out the analogy to the vegetable alkaloids. Ammonium is but partially conceded, notwithstanding its amalgam with mercury. It would have been more satisfactory to have had fair proximate analyses of these compounds before naming them. The reader is referred to Vol. xxxiii. page 329 of this journal for some fuller information on the preparation of the Eclectic remedies alluded to by Dr. Smith.]

—*American Journal of Pharmacy.*

PHILOSOPHY OF EATING.

Use but two or three kinds of food, besides bread and butter, at a single meal, and never eat anything between meals. You should eat at regular hours, and but three times a day, with two intervals of not less than five hours each, nor more than six.

Cold water retards digestion, and so does any liquid, if much is taken during or soon after a meal; half a glass at a meal is enough. From an hour and a half after a meal, until within an hour before the next one, you may drink as much water as you desire: it is best, however, to drink but a swallow or two at a time, with an interval of half a minute or more; otherwise you may take more than nature requires before you know it, just as in eating fast.

If too much fluid is taken during meals it dilutes the gastric juice, thus weakening the power of digestion, and retaining the food longer in the stomach than is natural; it also causes acid stomach, heart-burn, fullness and bad blood, producing, according to circumstances, a dryness, or scalding sensation in the throat, as do indigestions from other causes, whether from quality or quantity of food.

All errors as to diet arise from quantity or quality, and I propose one safe rule to each, applicable to all persons, and under all circumstances.

As to quality, the general rule is to eat that which you like best, and which you find by close observation and experience, is followed by no uncomfortable feeling about the head, hands, feet or stomach. As to quantity, take as much at one meal as will allow you to become decidedly hungry by the next meal; this can only be determined by consecutive observations, but remember never swallow an atom of food unless you are hungry; never force a particle of food on yourself.

The brute creation cannot be induced to eat or drink if slightly ill or excited, guided only by their poor blind instinct, and we who are as much higher than they, by the 'reason' that is within us, ought to feel ashamed to act less wisely, and yet nine-tenths of all our ailments, acute and chronic, enter here; and nine-tenths of them might be cured thus, if taken in reasonable time and if properly persevered in.

The finer all food is cut with a knife, before put into the mouth, the sooner and easier it is digested, on the same principle that a large piece of ice placed in a vessel in water will require a longer time to melt than if it were first broken into many small pieces.

The gastric juice dissolves solid food from without inwardly, hence food, especially all kinds of meat should be cut in pieces not larger than a pea before it is taken in the mouth, taking in as many pieces at a time as is convenient. This precaution would not be needed, were persons to eat slowly and masticate their food properly.—*Ex.*

REPORT ON MATERIA MEDICA AND THERAPEUTICS.

BY W. W. HADLEY, M.D.

As a member of the Committee appointed by the last National Eclectic Medical Convention, upon *Materia Medica* and *Therapeutics*, the undersigned begs leave to submit the following report:—

Since the meeting of this Association one year ago, great changes have not, perhaps, been manifest in our *Materia Medica* as it existed previously; but we have to note improvements annually in this department of medical science. Investigations are continually being made, developing more and more the vast resources, in the way of materials for medicine, of the vegetable kingdom, and showing by actual demonstration, rather than by any theories that have heretofore, or may be supposed hereafter to exist, that the dangerous, life-destroying agencies which have been ignorantly and empirically prescribed as medicines, and which are followed by the most alarming and often fatal consequences, can now, through the enlightened and humane efforts of medical philanthropists, be safely dispensed with; and that their places can be supplied by mild, harmless and genial remedies, whose office is not to corrode and destroy the living tissues of the body, but to act in conformity with the laws that govern our physical system. Instead of poisoning the sources of life, the remedies to which I refer, rather clear away the impediments which have obstructed the harmonious action of this "harp of a thousand strings,"—and having performed this office with regularity and certainty, instead of remaining to disorganize and derange the mechanism of life, they silently and gently pass off through the natural channels, without the infliction of any dangerous after-consequences.

At this age of the world, and among the enlightened citizens of this country, we need enter into no argument to prove, what is now being so generally admitted, namely, the demand that exists for a different mode of treatment, and a different class of remedies from those which, so clearly poisonous in their effects, have annually carried their thousands to the grave, and which have so injured and deteriorated the constitutions of the present generation, that they are dwarfs; almost, in comparison with the stalwart frames and robust health of generations preceding us.

These facts, and facts they are, beyond the possibility of successful contradiction, have influenced a few philanthropic and well-minded individuals to investigate more clearly the hidden mysteries governing the influence and effects of remedies acting upon the human body, and by employing only those that are native in their character, that do not destroy, while they

heal, they have succeeded in forming, or associating together a list of medicinal remedies from the host of harmless vegetable, and other productions surrounding us, which, when properly understood and judiciously employed, may be safely resorted to for the successful treatment of all curable diseases to which humanity is subject.

We do not mean to say as do some, that there is nothing more to be achieved in this field, that we must not go beyond the "books" for instruction, and that no agent can substitute those already within our knowledge. Far from it. We live in an age of improvement; an age in which the knowledge we already possess, is but an instrument in our hands for opening those deeper recesses, where lie hidden treasures concealed since the creation of man. Each day develops some new truth; annually are accumulated a multitude of facts, which tend directly to ameliorate the condition, and promote the happiness of mankind; and, which, when duly understood and appreciated by the mass, will undoubtedly greatly augment the average duration of human life.

And among these, may be essentially classed, the improvements which have been introduced in the *Materia Medica* of the Eclectic profession. Not only during the past year, but previously, have they sought and obtained agents, potent in their influence to check and remove diseases from the human system, while at the same time they are free from the objections reasonably urged against the harsh and destructive preparations heretofore in use by "regular" physicians. Judging from the symptoms every day manifested by the people, in their growing distrust of the advantages to be derived from the mercurializing course, we cannot but think, that it is "regularly" becoming a discarded treatment, and that it is succumbing to a dwindling popularity, day by day.

The mind of man is in love with the law of progress. The influences which have kept it chained down to the ideas of Pagan ages are being removed. The full sun of knowledge is throwing its effulgent rays freely upon the intellect of the world, and warming into light the latent germs of thought that have slumbered long, unconscious of their existence; and these, in their turn, scintillate new-born sparks upon other minds. These, too, take fire, and the illumination continues to extend, till soon empiricism and charlatanry, whose proper *pabulum* is ignorance and superstition, will have passed away, and the true light of science shall reach as far as humanity shall exist, ushering in the glorious time, "which kings and prophets waited for, but died without the sight," when shall be calculated with great accuracy the influence of disease upon the body, and the most certain agencies that can be applied for its removal,—when the human family shall no more be destroyed by disease in youth, nor ignorance any more prevent its direful ravages from being stayed.

The introduction of the concentrated remedies, obtained from our indigenous vegetables, will mark an era in the history of reform in medicine, and will achieve more for the triumph of the cause than any other single step that has been taken during its progress. It is exactly the thing needed; and we cannot refrain from the remark in passing, that it adapts our system most peculiarly to this age, when people have come to have delicate tastes, and delicate stomachs. It removes the objections so frequently urged against vegetable remedies, that they were too huge, too bulky, that so large a quantity was required to produce an effect, and that it so encumbered the stomach, that the community were almost prepared to discard the system altogether. These difficulties are now, happily obviated, by the separation of the inert, ligneous, and other bulky portions from the medicinal principles, so that our doses now, will seldom be refused by the most sensitive stomachs.

The attention of those engaged in the manufacture of the concentrated remedies, is being directed to new articles of our indigenous *Materia Medica*. The list already embraces a large number, and is continually extending; so that in a few years we may expect that all, or nearly all medicines will be employed in this form.

One difficulty under which the profession are compelled to labor, is the scarcity of suitable text books upon this department of medicine. A few minor works, giving a portion of our remedies, have been published, some of them very creditable productions; but we need a work embracing a more extended variety of medicines, together with a more accurate and general history of their properties and powers. We are happy in being able to inform the profession, that a work of the kind has long been in contemplation by a member of one of our oldest institutions, and is already, according to the best information we have, nearly advanced to a state of completion. When placed before the public, we have no doubt, from the high professional reputation of its author, that it will be every way worthy of their confidence and patronage.

During the past year there has been published an Eclectic U. S. Dispensary, by King & Newton, which, considering the amount of new matter it contains, and the varied and extensive information in it, adapted to constant and every-day use, is a deserving work, and certainly does credit to its industrious and able authors.

Succeeding editions will make it still more full and practical, and render it an indispensable assistant to the profession.

ROCHESTER, May, 1852. — *Trans. of the Nat. E. M. Association.*

TAPE WORM SPECIFIC.

Soon after the simple orgeat of pumpkin seeds was announced as efficacious in the expulsion of the tape-worm, and cases of successful treatment had multiplied sufficiently to establish the reputation of the remedy beyond cavil, trial was made in Greece with the most gratifying results. To-day we beg leave to call the attention of medical gentlemen to several cases communicated by Dr. De Forest, of Syria, whose communication on the state of medicine in general in that country has been crowded out of the Journal to-day. That one dose should have relieved a patient of sixty feet of tape-worm, is enough to convince the doubters. The Othamites, a race of men occupying the table lands on the mountains between Mexico and Toluco, suffer more from intestinal worms than any other people with whom travellers have had intercourse. Deaths are common among them from an enormous accumulation of worms, which perforate the walls of the intestine and enter the abdominal cavity. It is worth recollecting that these people exist almost exclusively on vegetable food, without salt. But for ages they have had a pleasant remedy for the great affliction alluded to. It consists simply of an orgeat made of melon seeds. In holy week, the Roman Catholic priests turn their authority to good account, the church not permitting any but this and similar beverages to be used. In that way, a special benefit is secured in regard to the public health. Dr. De Forest might, perhaps, fall back upon melon seeds, which are abundant nearly the whole year round in Palestine. We also urge upon our medical friends not only to pursue the same course, but experiment still further, since it is quite probable that greater success awaits the trial of the Othamitic agent. The following are the remarks of Dr. De Forest on this subject.

"DEAR DOCTOR.—The several packages of the Boston Medical and Surgical Journal came, and in one of them I found a recommendation of pumpkin seeds for tape-worm. This pest being extremely common here, I determined to make trial of the new remedy. A young lady in an American family had taken various drastics, with partial relief, and used turpentine with calomel with no better success. She took the seeds, according to the directions of your correspondent, early in the morning. In a few hours the worm began to pass alive and in enormous quantities without much other evacuation of the bowels. A dose of *senna* given at noon evacuated the bowels of much fecal matter and masses of dead fragments of the worm. The head was noticed among the longer fragments. The estimate made by the people of the house, who are very intelligent and careful observers, is that not far from sixty (60) feet of worm were passed. Mentioning this case to Dr. Kelly (formerly resident at Madeira) he tried the remedy in the case of an Englishman, who got rid of

some 20 or 30 feet of worm, including the head. He reported a second case, where some 15 feet were passed; and a third, where but a yard of worm came away. The dose, I think, was not repeated in any of the above cases. I have tried the pumpkin seeds in several other cases, until we have almost exhausted the stock to be found in our small market. Another year we shall have the means of more enlarged experiment. In no case has this simple remedy failed in my hands of procuring greater discharges of the tapeworm, and that with less disturbance of the system, than any other remedy I have used. I commend it to the profession."—*Boston Medical and Surgical Journal*.

PROGRESS OF EPIZOOTICS, &c.

The disease among the potatoes has commenced throughout Ireland, and it would seem that the destruction of that useful, and almost universal esculent among our Irish bretheren will be more general and more severe than it was even in 1845. Accounts pour in from all quarters to that effect, and it is much to be feared that it will be again the prelude of a fearful famine, and consequent fever. The potato blight is also spreading in England; it was discovered in Cambridgeshire and in the neighborhood of Oxford, immediately after the great thunderstorm, the leaves and stems appearing withered and burnt. It has also reappeared in some parts of the Lothians. It was first seen about the 20th, and did not make much progress till the 26th—a time when thunderstorms of the most fearful and destructive character were very rife. In some places the disease is at once and openly attributed to the effects of electricity. In the vine districts of France and Italy, the vineyards are suffering from the disease which has affected and destroyed the vines for several years past, and the beans in this country are also more or less diseased. The French vineyards, it is said, will not yield one-third their usual crop. The malady by which the vines of France, Italy, Madeira, Sicily, and Lisbon, are afflicted is called the "mangra," or "oidium," and it appears, at first like small dust on the green berry, causing the fruit to burst, and ultimately to become putrid. It has made but little progress in Burgundy, but in the south its ravages are very general, very few vineyards being spared. In Madeira, and in the neighborhood of Lisbon, the grape crop has entirely failed. The Royal Agricultural Assurance Society have had to pay upwards of 200,000*l.* during the past year, in consequence of the fatality attending the epizootic among cattle.

By intelligence from Greece, we learn that an unknown disease has attacked the currant plant, which blackens and rots the grape

ate advantage, and the notoriety it may give them. We want more of those who, with a full appreciation of the comforts and feeling of their patients, after relying to a proper extent upon medicine and regimen for the restoration of diseased parts, are qualified and ready to resort to instruments to save their patients from great deformity or impending death. Why have we not more of these. It is not because surgery is not taught in Eclectic Colleges. It is taught quite as freely as it is in Allopathic schools, in the same localities. It is not because our physicians cannot have such practice, when prepared and willing to take it, nor because surgical practice is any way disreputable or unprofitable. The reverse of all of this is true. I have already enumerated the causes. Eclectics, satisfied that they are in advance of the members of the old school profession in liberality, and in success in the treatment of constitutional diseases, have let such achievements satisfy them. They have been contented with agencies of increased value and less hazard, for the cure of hepatitis, pneumonia, dysentery, consumption, dyspepsia, and various other acute and chronic diseases. Because they dreamed that Boerhaaves, Rushes, Cullens, Broussais, and other dignitaries were springing up in the ranks, they cared less for, and labored not to beget also their Coopers, Motts, Velpeaus, and Physics. Notwithstanding all this, and the almost insuperable prejudices which have existed throughout our country against every thing which assumes the name of reform in medical science together with the prevalent idea, (kindly fostered by selfish and interested men,) that surgical science cannot be understood and practiced, except by members of the strictly orthodox school, we are gratified in having witnessed during a few years past, a rapid spread of the principles, and a better appreciation of the claims of Eclectic Surgery. The greatest foes all reforms have had to contend with during their infancy have been prejudice, ignorance and misrepresentation. And we cannot be surprised that the achievements of the Eclectic practice, and particularly in surgery, have been heretofore comparatively limited, when we reflect that the mass of old school physicians, guided by a short-sighted self-interest, and not perceiving that their own advantage would be promoted by every thing which adds to the sum of medical power, have exerted themselves individually, and by combined effort, to delude the well-meaning public, by associating our practice with the faulty and very fragmentary systems practiced by exclusive botanics, Thomsonians, root doctors, Indian doctors and other ignoramuses. There has ever been a labored effort to confound in the public mind a real reform in medicine, based on science and sound principles, with the justly condemned and despised effusions of ignorance and imposition. These obstacles are being fast overcome: light and truth are scattering fast their genial rays. Facts are becoming disseminated among the peo-

ple; and the various barriers to the advance of medical reform are being removed; and thousands who were its deceived and conscientious opponents, have become its most ardent friends.

It affords us pleasure to observe, that the department of surgery has been favored by the addition to its literature, of several valuable works. The want of suitable text books in this and other departments of Eclectic practice, has long been a subject of complaint. The American Eclectic system of Surgery, by Benjamin L. Hill, M.D., is a comprehensive work of 650 pages, written in a bold, fearless, and racy style. Let his present views be what they may, Dr. Hill, in getting up this work, was not deficient in the courage required for his task. He has presented the practical resources of our art, to an extent that will enable the student to understand most subjects pertaining to it, and find the directions a sufficient guide for every day practice. Not only are the measures most peculiar to the Eclectic practice, given in this work, but those most commonly resorted to, receive a sufficient notice. It is with pleasure also that we own our indebtedness to Dr. Wooster Beach, for his revised volume on American Surgery. This embodies all that is valuable in his old work, together with much new information, collected by him during his late travels in Europe. These works must assist much, in diffusing what we regard as safe, and in many particulars superior, surgical knowledge.

It is a well grounded opinion, that the mass of surgeons have heretofore attached too little value to the curative power of nature in surgical maladies. They have accustomed themselves to take the matter of correcting surgical diseases and injuries, as far as possible, into their own hands, and to operate upon the human frame as though it were a broken cart, or steam engine, or some other inanimate body. It seems that the study heretofore, has been too much to improve the art in its operative department; instead of seeking those measures which may preclude the necessity of operations. Surgeons have loved too well to make a display of their shining instruments; and these have become quite as numerous as those of a wagon shop. In a word, surgeons have been more skilled in *cutting out* and *cutting off*, than in curing up diseased and injured parts. Tumors, fungus and schirrhous growths, glandular enlargements, etc., have a thousand times been the subject of severe operations, when they would have readily yielded to proper constitutional and local treatment. It is but a short time since it was considered necessary to operate for any compound fracture; and, even now, many of those called our best surgeons, remove without hesitation, such fractures as are attended with much injury of the soft parts. The inutility and folly of this course is becoming well established. Though there are cases in which, owing to the frailty of the constitution, the extent of the injury, and the dan-

ger of gangrene, we must not hesitate to operate; yet the large majority of compound fractures, aided by simple supports and soothing applications, may be intrusted to the powers of nature. The utility of the water dressings in these cases, can only be appreciated by those who have tested them.

The superiority of Eclectic Surgery in the treatment of various local affections, such as ulcers, white swellings, hip disease, fistula, cancer, etc., etc., is becoming more and more fully demonstrated, where the practice is represented by our graduates. White swellings, chronic ulcers, varicose enlargements, etc., belong to a class of disease which generally baffle the old school practice. In white swellings, if at all severe, amputation has been a common recourse. But this disease has almost uniformly yielded to cupping, fomentations, bandages, stimulants, and derivative applications, when used with proper perseverance, together with baths, suitable alteratives, and other measures of Eclectic treatment.

There is a long list of surgical diseases which my limits will not permit me to enumerate, in which the treatment of the old school fraternity is equally inappropriate. We would however say, that it is all characterized by one uniform feature. It is too arbitrary and mechanical. It is an attempt by bleeding, cutting, and other harsh and severe measures, to march *directly* to the point, "*through thick and thin*," and to take the business of curing diseased and injured parts entirely out of the hands of Nature, instead of aiding her in the fulfillment of her own infallible indications.

It is a pleasing feature in the progress of surgical science, that the utility of anæsthetic agents is becoming better understood throughout the profession generally. The mania which at first led to their administration in all surgical and parturient cases, without regard to the strength and temperament of the patient, has in a manner subsided; and it is now well settled that, if used under proper care, they are valuable acquisitions to the surgeon and the patient. The article regarded as the safest for anæsthetic purposes, is the common sulphuric ether, purified by water, and inhaled from a sponge, a napkin or inhaler. This produces less artificial excitement, and less irritation in the lungs than chloroform. It should always be administered perfectly pure, free from decomposition, and in a manner that will allow a mixture of atmospheric air. When thus administered, with the discrimination of a prudent surgeon, its worth is valuable.

Many valuable agents for the treatment of surgical difficulties, as well as instruments and apparatus, which have made their appearance recently, I can scarcely allude to. It would be a matter of pleasure, and perhaps of profit, to discourse at some length upon the claims presented by "Jarvis' Adjuster," and various new splints, etc., for the treatment of fractures and dislocations, of glycerine, and the otophone in the treatment of deaf-

ness, and of some recent measures introduced to the notice of the profession, for the treatment of fistulas, hemorrhoids, etc., etc.

Arterial compression, and hæmostasis, as efficient means of combating local inflammation or congestion, and of arresting various species of hemorrhage, are receiving a measure of attention to which they are entitled. In cases of epistaxis, uterine hemorrhage, divided arteries, and other instances which have so often baffled the resources of Medicine, a knowledge of hæmostasis enables us to promptly arrest the flow of blood, and retain sufficient for the purposes of life. It is impossible for much of the blood to flow, when we have mechanically imprisoned it in the limbs,—when ligatures have been applied, and the blood vessels of the limbs are *well filled*, the patient may be considered nearly or quite safe. You thus lower the action of the heart, and arteries to that extent, that active hemorrhage from small vessels is impossible.

The attention of our physicians should be invited further to the use of galvanic electricity, in the treatment of various surgical, and other diseases.

We think the real value of this great agent has been too generally overlooked by Eclectic physicians. We regret to say, that Hill and Beach have given it but little weight in their valuable works on surgery. It is well known that very many of the diseases of our climate, are more of an asthenic and nervous, than of an inflammatory character. Paralysis, amaurosis, neuralgia, deafness, spinal curvature, indigestion, are a few of the many maladies of this character, which we are daily called to treat.—Galvanism suggests itself as a valuable remedy in these cases. It has long been used, principally by empirical and unskillful hands, in the treatment of various affections of this kind, and has signalized its worth in giving sight to the blind, and hearing to the deaf; in bidding the dumb to speak, and the palsied body to arise and walk. We should not be so unwise as to allow ourselves to deny truths, merely because we have not a clear and full perception of the laws through which they are revealed. It becomes none of us to set ourselves up as the priests of nature, and say, there are no laws by which she performs her offices, but those with which we are familiar. But, in our researches after truth; let us be sufficiently prudent to receive and adopt facts, when they come from such experience and authority, as we cannot refuse to receive on any and every other subject. It hardly seems necessary for us to specify farther, cases in which this agent may be used with decided advantage. Yet, we must ask our physicians, before they yield up protracted and obstinate cases of convulsions, chorea, aphonia, and prolapsus uteri, to avail themselves of this agent, in conjunction with our other valuable resources. Galvanism is said to have magic power in asphyxia, in violent concussions of the brain, and in deadened sensibility,

arising from narcotic poisons. Here, as in other instances, in practice, "the life of the unfortunate patient, as well as the hopes of the friends, depend upon the efficiency of the means of him to whom they have confided the case,—and though we may be called to only one in a long life of practice, it is no less our duty and interest to be supplied with the most effective means, to meet the emergency of that case." It is hoped that the above suggestions may at least stimulate inquiry and discussion among those who have met here, from various parts of the country, to promote the interests of our cause; and at least, as expressed by another, that those of a slower mood, may feel their blood quickened, their interest excited, and enthusiasm kindled, and a glow of generous sympathy awakened for each other, in their labors for the best interests of our noble profession.

Transactions of the National Eclectic Medical Convention.

EARLY OPERATIONS FOR HARE-LIP.

BY A. L. PIERSON, M. D.

Having advanced the opinion, in some of the former numbers of the Journal, that an early operation for hare-lip was more successful than when deferred, I wish to add some additional testimony and remarks in favor of that opinion.

On the 2d of February, 1851, I was called to operate on a child in Marblehead, born with a hare-lip. The late Dr. Briggs who knew my preference in favor of an early operation, sent for me immediately on the birth of the child. I performed the operation when the child was but twelve hours old. I operated in the usual manner, with scissors and sutures. My method is to use three simple sutures—one far up in the nostril—one at the epithelium of the lip, where the cutis terminates, and one midway between these. The wound healed at every point by the first intention, and the child was put to the breast on the sixth day, which was as soon as lactation was established.

On the 22d of May, 1852, a healthy male child, with a hare-lip, was born in my practice. It had a cleft palate and superior maxillary bone, and the left alæ nasi more than usually dilated, flattening the nose and giving a hideous expression to the countenance. I operated when the child was six hours old. I dissected up the skin very freely, separating the cartilage from the bone, and then brought the parts together with sutures, taking especial care that the upper one should be sufficiently high up in the nostril. Union by first intention followed, and the child nursed readily in six days.

For some years I have been more and more satisfied that operations in surgery are most successful as they approach nearest to

the period of birth. In the earliest infancy the recuperative powers seem to be strongest. I have also remarked that the sensibility, to pain is less distinctly marked at first, than after a few days. In the last-mentioned case of hare-lip operation, the child actually slept while the lip was being dissected from the maxillary bone.

It was formerly generally believed that the earliest infancy was the period when the system was most liable to convulsions. I have been led to doubt this maxim, and to believe that the nervous system is more easily excited, the more its function is called into exercise, and this is certainly not the case immediately after birth. A newly-born child also sleeps more, and when awake is less observant and prone to motions of the extremities, than after a few days of extra-uterine life. The anxiety and unhappiness of the parents, also, are of so much shorter duration as we operate earlier on the patient.—*Boston Medical and Surgical Journal*.

NEW MODE OF APPLYING MEDICAL SOLUTIONS TO THE LARYNX.

DR. THEOPHILUS THOMPSON exhibited to the Society an instrument he is accustomed to use for the purpose of making applications to the interior of the larynx. It is a syringe having a small glass cylinder and a silver tube, slightly curved, and at its extremity expanded into a globe about a third of an inch in diameter, perforated all around with numerous very small apertures. The piston rod is surmounted with a ring, into which the thumb can be introduced, so as to work the instrument steadily. The tongue of the patient being held down with a spatula or with the finger (whether the epiglottis can be seen or not), the extremity of the tube is readily introduced, and the solution injected. The conditions of larynx in which Dr. Thompson finds most occasion for this instrument, are those which are benefitted by nitrate of silver; and he usually employs about half a drachm of the solution recommended by Dr. Horace Green, containing two scruples in the ounce of water. Dr. Thompson remarked that patients and practitioners seem agreed in the impression that advantage is derived from such an application, and he considered this mode of introducing it less rough and disagreeable than the curved probang with a sponge at the extremity, as used by Dr. Green, and more precise in the direction of the fluid than the forceps, having one blade armed with a sponge, as ingeniously contrived by Dr. Cotton. Dr. Thompson was indebted for the suggestion to Dr. Root, who mentioned to him, having seen, in an

American newspaper the notice of a syringe employed for the same purpose by Dr. Asa Warren, of Boston.

DR. OGIER WARD said that some time ago he had contrived a syringe similar to the one exhibited by Dr. Thompson, but he had not made it public.—*London Med. Soc.*, May 29, 1852.

STATISTICS OF CANCER.

Sir,—Your journal of the 22nd of May contains a statement, quoted from the first of the lectures which I recently delivered at the Royal College of Surgeons, to the effect that "persons operated upon for cancer die, upon an average, thirteen months sooner" than those upon whom no operation is performed.

Allow me to observe that that statement had reference only to cases of scirrhus cancer of the breast. In such cases, I believe that the general average duration of life, after the patient's first observation of the disease, is forty-nine months; that the average life of those whose breasts are removed, and who survive the effects of the operation, is about forty-three months, and that the average life of those in whom the disease is allowed to run its course is about fifty-five months.

In the second lecture I said that the general result of operations for medullary cancers is very different; and that although they are so seldom long survived that they are generally considered to be less beneficial than the operations for scirrhus cancer of the breast, yet, on the whole, they are more so. The general average length of life of persons affected with medullary cancer of the eye, testicle, breast, bones, or other external organ, may be reckoned at about twenty-four months from their first notice of the disease; but I believe the average for those from whom the primary disease is removed, and who do not die in consequence of the operation, is about thirty-four months; while the average for those in whom the disease is allowed to run its course is scarcely more than a year.

In the third lecture, I expressed the belief that, on the whole, the removal of epithelial cancers is even more effective in prolonging life than the operation for medullary cancers; but that the wide diversities in the duration of life amongst those affected with this form of cancer, make it very difficult, at present, to deduce such an average as may be relied on. And I would repeat what I said in one of the lectures, respecting all these averages of life—namely, that such general results, however true, deserve only general consideration in the treatment of particular cases of cancer. They may justly determine a general rule of action, but it can be only such a rule as must admit of numerous exceptions. In many cases of scirrhus cancer there are sufficient

reasons for operating; and, in many cases of medullary and epithelial cancers, reasons as sufficient for refraining. The right course must, in each case, be determined by a just appreciation of all the conditions each presents.

I am, Sir, your obedient servant

JAMES PAGET.

Henrietta-street, Cavendish-square, June, 1852.

London Lancet, Aug. 1852.

TOPICAL MEDICATION OF THE LARYNX.

DR. COTTON brought under the notice of the Medical Society of London a new method of applying a solution of nitrate of silver, or any other substance, to the laryngeal mucous membrane.—After making a few remarks upon the practice of introducing a piece of sponge *within* the larynx, which he believed to be not only practicable, but, in the majority of cases, useful, and always with proper precaution harmless he had, nevertheless, become convinced, from a number of experiments at the Consumption Hospital, that it was better merely to drop the solution into the laryngeal opening. This was easily accomplished by means of the simple instrument he presented to the Society, which was made by Mr. Coxeter, and consisted of a pair of forceps slightly curved, and having a small piece of sponge attached to one of its blades. By depressing and slightly drawing forwards the tongue by the ordinary spatula, the extremities of the blades might be held over the larynx, and at the proper moment the contents of the sponge could be squeezed into it. Dr. Cotton had used it successfully in a considerable number of cases, and had found that it was generally less disagreeable to the patient, and produced less spasm and cough, than the ordinary method of passing down the sponge itself; whilst it possessed the obvious advantage of making it impossible that the sponge could ever fall into the larynx, the closing of the forceps effectually holding it. The sponge would contain about half a drachm of fluid, nearly the whole of which might, if desired, be applied to the laryngeal membrane and its neighborhood, the cough which invariably followed its use always ensuring its diffusion.—*Ibid.*

EXTRAORDINARY FECUNDITY.—A Belgian paper states that a woman, thirty-three years of age, is now living at Liege, who affords an astonishing example of fecundity. She was lately confined of triplets, who are respectively her twenty-second, twenty-third, and twenty-fourth children. She has thus had, during nine years of married life, twenty-four children, all in good health, and of the female sex.—*London Lancet, July, 1852.*

A PRACTICAL POINT IN MIDWIFERY.

Mr. Dendy drew the attention of the Medical Society of London to a simple point in midwifery, yet one of practical importance in reference to the relief of lingering labor. He did not allude to cases resulting from unfavorable position, pelvic incapacity, rigidity, or deficient uterine action, but to a state in which the pelvis was capacious, and the soft parts prepared, and the uterine effort vigorous, and yet parturition was at once completely checked. In the case to which he alluded, there is not mere rigidity of membranes, which may be at once relieved; but the head completely blocks the pelvic outlet, like a keystone, while the liquor amnii is retained above. The pain is severe, often agonizing, but is situated more in the epigastric region; it is often attended by retching and dyspnoea, but without the slightest propulsive effort. The membranes are stretched tightly over the vertex, the vagina being usually heated and dry. The common modes of treating irregular pains by opiates, etc., are useless.—Even if the membrane be cut across over the vertex, it is of no avail; and the head cannot be raised, so as to let down the waters, which, by their excess, distend, and, as it were, paralyze the uterine action. Such was the condition of a lady in Brixton road, to whom he was called a few days ago. The pain was agonizing, more resembling that of acute peritonitis than labour, with scarcely any remission. The introduction of a long probe at the side of the head was immediately adopted, for the purpose of perforating the membranes above the head; the dribbling of the water speedily relieved the uterus of its distension, and the labour was in a few minutes concluded. This case may perhaps seem insignificant, but its management may often prevent much needless and wearing pain.—*Medical Times and Gazette* Aug. 7, 1852.

ALLOPATHS AND ALLOPATHY.

We have always maintained that a grosser insult and injustice could not be done to scientific physicians, than to term them allopaths, or a more inapplicable epithet be applied to them. The code of ethics of the American Medical Association declares that "no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an *exclusive dogma*, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

An allopath, a homœopath, a hydropath, or the follower of

any other exclusive dogma, cannot therefore be considered as a regular physician, or a fit associate in consultation. Such being the clear and explicit declaration made by the great medical congress of the profession, as to who are considered by them regular physicians, we trust that the profession will, on every occasion, promptly repudiate the term *allopath* as applicable to them. We must take this occasion to express our surprise that the editors of journals should allow the insertion of the advertisement of a drug-establishment, which, while seeking the patronage of the profession, insults them with such an epithet. We doubt not that this has been done through mere ignorance on the part of the advertisers, but the editors of the journals in which this advertisement has appeared, can hardly be excused for permitting such an insult to be perpetrated.

We commend the following articles from our cotemporaries, the *Western Lancet*, and the *New Hampshire Journal of Medicine* to the attention of our readers.—*Medical News and Library*:

"*Scientific Medicine*.—We are almost daily excessively annoyed by hearing the term *allopathy* applied by physicians to what is termed sometimes the regular practice, and which should with more propriety be denominated scientific medicine. It ought to be known that this term is an invention of the enemy, for the purpose of placing scientific medicine in the position of a sect or section of medicine. By doing this, relative importance is given to what are claimed to be distinct systems in opposition to it.—Now it is well known that the term *allopathy* is not expressive of any *acknowledged* medical creed or belief among scientific physicians. It is a designation placed in our mouths, no more applicable to us than the term *homœopathy*. Scientific medicine knows no such narrow boundaries; it is broad and expanded enough to embrace all medical truth within its ample fold. No resort need be had, in the investigation of medical knowledge, to any such appellations. They are clap-traps for the purpose of elevating quackery and degrading science. These pretended systems, to which distinct names are given, are merely *excrescences* on the body medical, without any adherence to the opinion expressed in their titles. They should be treated as such, as malignant parasites, whose object is to imbibe vitality from the main trunk, while professions of a distinct existence are held out to the public. They are only of value to scientific medicine in their decay; when they may result in adding something to it by exhibiting, perchance, a few positive and negative facts in the field of experience, which, if valuable, will be absorbed by the profession. The garden of medicine may occasionally be enriched in this way by the decay of a noxious vegetation; which, during life dared to raise its deformed specimens even among the choicest flowers, and claim a transient equality, by nominal rank as genera and species in the same kingdom of nature. We hope

the term scientific medicine will be adopted, instead of one intended and calculated to degrade us; it is expressive of our creed, and, therefore, the most proper appellation; which is a sufficient reason for its use, to the exclusion of all others.—*Western Lancet*, July, 1852.

"*The Practice of Allopathy.*"—We notice in several of our exchanges an advertisement, of a large drug house, with this caption, and take the liberty respectfully to call the attention of the editors to it. It seems apparent that to characterize the practice of medicine as *allopathy* is to place it on the same ground as homœopathists and other *thists*; and, for ourselves, we are not willing thus to be classified. We recognize but two classes among *doctors*, namely, physicians, and followers of *systems*, as they are called. Claiming rank, then, with the former honourable body, we will not receive a title which shall confound us with the latter.—*N. Hampshire Journal of Medicine*, August, 1852.

CASES OF FOREIGN BODIES IN THE LUNGS.

BY L. C. DOLLEY, M.D.

Several instances of foreign bodies in the lungs have come under my notice, which, from some interest and peculiarities about them, I may be permitted to relate briefly.

Case I.—Was called on the 23d of Nov., 1849, to visit a daughter of Mr. Chamberlain, aged 7 years. About ten months previous to the date of this visit, she accidentally drew into her lungs a portion of the shell of a pumpkin seed. Her health had previously been good. A dry and very troublesome cough followed, evincing a high degree of irritation in the lungs. Expectoration became gradually more abundant, and occasionally very small quantities of blood were raised by coughing. After the lapse of four or five months, the sympathetic fever became considerable, together with the debility and emaciation which marked the progress of consumption. The various measures of treatment resorted to by the physicians who had had charge of her, had scarcely palliated any of the symptoms. I found her unable to walk; night sweats had existed for many weeks; the shoulders were thrown forward, and the thoracic cavity was much contracted. Great dulness upon percussion was observed over the right lung, excepting the space between the clavicle and the third or fourth rib. The posterior portion of the lung, appeared almost completely consolidated. An abscess had pointed and recently opened between the tenth and eleventh ribs, from which passed considerable quantities of pus, and bubbles of air upon coughing.

I may here remark that about one week before I was called to treat the case, Mr. C. related her situation to me, said the physicians had refused to do more for her, and as he had hopes of her surviving but a few days, requested me to be in readiness to make a *post mortem* examination, as I should be sent for for this purpose.

Bandages were immediately applied to her shoulders in such a manner as to act best as braces, and to expand and support the sunken chest. It was directed that the opening in the side be kept from closing up by means of tents, and dressed with little else besides a wet compress. Directed that she be bathed daily with cool water in which was to be thrown a quantity of salt and pulverized mustard seed; and after bathing to be rubbed briskly with a salt cloth. Small doses of diluted muriatic acid were given in cold sage tea, for the colliquative sweating; and a pulmonary balsam prepared from Boneset, (*Eupatorium Per.*) Spikenard, (*Aralia Racemosa*), and blood-root, was administered very freely, also moderate quantities of iodide of potassium, prepared by adding one drachm of the iodide to four ounces of simple syrup.

She was instructed and urged daily to breathe, at frequent periods, deep and full inspirations; and induced to exercise her arms and chest in a manner calculated to enlarge the capacity of the lungs for air. But little change was made in this course of treatment for several weeks, as under it there was constant improvement. The night sweating, cough and other unpleasant symptoms gradually subsided, and in about three months time she was apparently as well as any child in the town. When I examined her chest last, in the spring of 1850, some dulness was still apparent in the lower part of the right lung; but no cough or other appearance of disease remained.

Case II.—J. B., aged 18, son of Dr. B., my former partner, while eating chesnuts, in December, 1850, was strongly impressed that a portion of shell of one of the nuts had entered his air passages. With the exception of a cough, few unpleasant symptoms resulted, until a little over four weeks, when he was attacked with severe inflammation of the lungs. This was treated chiefly with hydropathic appliances, though hot baths and fomentations were used chiefly instead of cold.

After the subsidence of the active inflammation, which lasted but a few days, the cough and copious expectoration continued. Much dulness existed over the lower and posterior portion of the right lung. Emaciation and sympathetic fever constantly increased. Moderate hemorrhage from the lungs occurred from time to time. The matter raised from the lungs, when I examined it, at various times, did not present the appearance of pus.

Daily baths with water, containing salt, mustard and saleratus, were administered, together with occasional sitz baths, and

lodged. 7. A peculiar sound is engendered by their presence; and the bronchial secretion is always increased, and may become sanguinolent. 8. A louder respiratory sound, and a more extended vesicular murmur, are heard on the *opposite* side, than on the side in which the body is placed. 9. Foreign bodies, whose size exceeds four lines in all directions, cannot be expelled by the sole efforts of nature, which are only efficacious in the case of very small ones. 10. In dogs, on the other hand, in whom the glottis is on a level with the upper aperture of the larynx, the expulsion of foreign bodies easily takes place, by reason of the dilatability and dimensions of the aperture. 11. In the dead body, foreign bodies pass the glottis with difficulty, even when aided by the impulse derived from a considerable column of air. 12. In the living body, they have to overcome, not only this passive resistance, but the very active resistance of the constrictor muscles of the glossis. 13. It is only quite exceptionally that the operation of the tracheotomy can be dispensed with; and it should be resorted to as early as possible, in order to prevent inflammation, local changes, and rapid or slow asphyxia. 14. It is a delicate operation, which should be performed by the successive division of all the tissues, and not by an incision comprising all or the greater part of the soft parts of the region at once. This is the best means of preventing hemorrhage, the introduction of air into the veins, lesion of the thyroid body, &c. 15. The trachea should be as widely opened as possible, so as to facilitate the escape of the foreign body. 16. We can only be certain that the trachea has been opened, when the air escapes with its characteristic sound. 17. When the foreign body does not issue on the opening being made, we must wait awhile, and excite the sensibility of the trachea by the introduction of a blunt body, so as to cause cough and expulsive efforts. 18. The trachea must be more largely opened, when a foreign body of a nature to swell from moisture has been long retained. 19. Reunion may be obtained by the primary or secondary intention. 20. The union by primary intention may be obtained by simple compression, or by the interrupted suture, this only implicating the *dartroid lamina* that surrounds the trachea. 21. Agglutination may be produced by another procedure, which consists in traversing the walls of the trachea entirely, or in part, leaving the sutures hanging externally, these coming away from the fourth to the thirteenth day. 22. A plastic production serves as the means of union between the lips of the wound. 23. Cicatrization only takes place by means of an intermediate production, and the thickness of the walls of the trachea may excite inflammatory action both within and without the canal, and give rise to organized fistulae and encysted abscesses. 24. The suture which only implicates the covering, or a portion of the thickness of the trachea, only induces a plastic inflammation, and is to be preferred.

LETTER FROM PROF. P. F. EVE.

LONDON, July 31st, 1852.

MY DEAR COLLEAGUE:—Within the few days since my last letter was written, I have seen the Hunterean Museum, Guy's Hospital, St. Thomas and St. Bartholomew. Were I sentimental, I might add I have seen Prof. Owen, the great Naturalist, the veteran Surgeon, Dr. Lawrence, and Dr. Babington, and stood by the grave of Sir Ashley Cooper.

Hunterean Museum—Mr. Owen.—Of the three great men of the age, and I name them in their proper order, *Humbolt*, *Alago* and *Owen*, I have the high honor of making the acquaintance of the latter. I found him in his study in the Hunterean Museum, hard at work, but which he immediately left and accompanied me into the immense collection of comparative anatomy, physiological and pathological specimens, of which he is now the curator. The gymnoticus, or electric eel, is here beautifully delineated by Mr. Owen—we see first the natural fish, then its voltaic-like battery greatly magnified, and the wires (nerves) for conveying the electricity. He mentioned to us a peculiarity in the common gar-fish, which is, that of all its species it alone could shake its head. At the junction of the head and neck in the vertebræ, there is an orbicular articulation, or ballance socket-joint, by which this movement could be made: so that, Mr. O. humorously remarked, this the gar usually did, (shake his head,) when taken out of the water, to signify he did not like it.

The celebrated case of *injured chest*, which I had seen before, was pointed out to us, as also another of more recent occurrence. The first is that of having the body transfixed by a gig-shaft, the patient living *eleven* years after the accident. A gentleman, unaccustomed to horses, drove one up to the door of a stable, and wishing to unharness him, took off first the bridle. The animal seeing the vehicle behind him, became alarmed and plunging into the open door transfixed his master with the shaft. Seeing his imminent danger, two persons came to his relief, and drew him off the end of the shaft. He applied both hands to his chest and said, "I don't think the vitals are touched," and immediately fainted. The exact nature and extent of the injury were not ascertained until after the death of the patient, which took place eleven years after the accident. The foreign body passed from the left through to the right, taking the intercostal spaces of the 2d and 3d ribs of both sides. It fractured the 2d and 3d ribs of the left and the 2d of the right side, and also the sternum transversely. The tug of the shaft passed not only into the thorax but penetrated the left lung, a portion of which is still seen adherent to the internal costal surface. Both lungs were transfixed. The life of the patient, as Mr. O. stated, was undoubtedly owing to the bluntness of the instrument causing the wound, making it

valvular and preventing fatal hemorrhage. The anterior portion of the thorax of this patient as a wet preparation, and the shaft of the gig are both preserved in this Museum, and are exhibited as a most extraordinary instance of recovery from extensive injury.

The second case of wound in the thorax occurred to a sailor in 1843. The end of an iron rod attached to a yard for hoisting sail in a vessel, in its fall struck this patient, fractured his lower jaw, the clavicle of the left side, entered and then transfixed the thorax. The pericardium of the heart was wounded, (Mr. Owen observing he could see the heart pulsate) and the rod coming out just below the left scapula, stuck into the deck of the ship. The chest of this man, there is reason to believe, was thus compressed down to about four inches. He is still in good health and follows his avocation at sea. The left lung was no doubt transfixed in this case.

These instances remind us of the somewhat similar cases which occurred in our Mexican war. I allude especially to the wounds of Gen. Shields and a private from Memphis in one of the Tennessee regiments.

The bust of *John Hunter* recalled instantly the classic face of my great master, and his greatest of pupils, *Philip Sing Physick*. Mr. Owen said this resemblance is noticed by most Americans.

Prof. *Owen* is about 55 or 60 years old, and has a peculiar whimsical expression; a countenance never to be forgotten, with a wide expansive forehead, indicative of deep thought and profound study. But the wonderful modesty, the child-like simplicity, even amidst his gigantic works, mark the philosopher. In him I have seen the greatest mind of Great Britain, and next to Humboldt and Arago, of the world. He has promised me a visit before I leave London, and says a barrel of gar-fish put up in spirits would be a very acceptable present from America. This I take to be nearly as cheap as Diogenes' request for his friend to stand out of his sunshine, when asked what he could do for him.

The Hospitals of London.—These charitable institutions are chiefly founded upon subscription. They are managed most creditably to all parties concerned. I consider the new one, called the St. Mary, the model hospital, and the chief surgeon, Mr. *Wm. Coulson*, one of the most gentlemanly persons ever met with in our profession. In St. Bartholomew, Dr. *James Paget* is the present curator of its excellent museum, for each hospital is a medical school within itself. He is considered one of the best anatomists in the city, and a most promising young surgeon. I met here too, old Mr. Lawrence, the veteran surgeon of London, whose acquaintance I made 22 years ago. I am happy to state that he has retracted all of his infidel sentiments—to the honor of the profession be it said, and that like our own Henry Clay, bending under the weight of years of labor and usefulness, he is calm-

ly waiting the approach of death. He does not operate, but still may be consulted, and visits the hospital.

In the museum, which is quite extensive, are busts to *Percival Pott*, England's first great surgeon, the eccentric *John Abernethy*, *Henry Earle*, and good old *William Harvey*. I saw Dr. Paget operate for hare-lip, using long steel needles, and then Mr. *Stanley* cut for stone in a boy 4 years old. The calculus was very small. The bistoury alone was employed in performing the latter operation. Mr. *Skey* was also present. The only peculiarity I noticed was emptying the rectum by a tube before operating. All these surgeons were exceeding kind, and Mr. Stanley especially complimentary to our country. I was regularly added to their consultations in two or three cases. One was the decision in reference to amputation, in the case of an omnibus driver, (a hard drinker,) who three weeks ago had sustained a compound, comminuted fracture of the lower portion of the humerus. Delirium tremens had now supervened and his condition was imminently perilous. Mr. Lawrence was for the amputation of the arm a week ago; Mr. Paget decidedly opposed, and Mr. Stanley inclined to it. Upon the whole, it was thought best to defer it. The man will die no doubt. I find in this hospital Liston's method of amputation generally followed, viz: the double flap.

Mr. Skey voluntarily told us he had cut for stone within four months and that none could be found.

Mr. Paget was engaged with the microscope and asked if we did not believe in the difference of epithelial from parenchymatous carcinoma. He was answered in the affirmative. I cannot, however, but believe that the microscope is still uncertain and indefinite. I might have told you that *Velpeau* had assailed the truthfulness of its observations and *Nelaton* asserted that two microscopists of Paris had returned to him different opinions, one declaring the pathological specimen was cancerous, and the other that it was not, of the same diseased lip.

Guy's hospital was founded by the munificence of one man—a Mr. *Guy*, merchant of London and at one time a member to Parliament. This was the field of Sir Ashley Cooper's labor, where for years he worked most assiduously, and the museum which is next to the Huntarian collection presents numerous splendid specimens prepared by his own hands. His remains are here deposited with those of Mr. Guy, in the chapel of the hospital. A monument has been erected to his memory in St. Paul's cathedral, by his pupils and friends. In this museum I was particularly struck with a wax model of the dissection of the head, neck and arm, by Mr. *Hilton*. It was on exhibition in the crystal palace last year. It is here that wax preparations, of a most beautiful and truthful description, greatly abound. Mr. *Bransby Cooper*, nephew of Sir Ashley, is the chief surgeon to Guy's hospital, and Drs. *Babington* and *Barlow* its physicians.

It and King's College hospital are undergoing extensive improvements. That our Nashville friends may understand how the funds are raised for these alterations, I mention the fact that one gentleman gave \$2500 and seven others have followed his example.

Breweries of London—Carbonic Acid Gas.—I accepted the invitation to inspect Barclay, Perkins & Co's. Brewery of Porter, Ale, &c. It was established ninety years ago. The capital invested is \$35,000,000. It covers 13 acres, near London bridge, employs 400 men and 160 horses, and an engine of 40 horse power, 2000 barrels of fermented drink are turned out per day. The Thames water is preferred—an artesian well of 300 feet deep gives an abundant supply, but it is too *hard* for use. But the medical point is the great quantity of *carbonic acid gas* generated in the manufactory of these compound, and I may add *confounded* drinks. As soon as I entered the premises, my eyes began to smart, and I came home to suffer the whole afternoon and evening from them. The phenomenon which attracted the attention of Dr. Black fifty years ago, is here manifested on a large scale. The gas, after filling the immense vats, pours over the edges upon the floors and descending into the lower parts of the building, has extinguished life in several instances. This mysterious agent is of course invisible, and insensible too, as you stand up higher than the vats; but bring your nose to the edge, and you are made to rebound by the pungency of the odour. Dip your hat into the vat, bring it out on a level, and it apparently contains nothing but atmospheric air; but turn it then over your face, and you are instantly made sensible that it contained another æriform fluid, which will also extinguish all flames. How soon the mystery of these phenomena would cease, were this gas only colored!

A visit to the British museum convinced me that it was worthy of this great nation. It is peculiarly rich in its Egyptian collection, minerology and zoology. The library I did not see, but I know it to be most extensive. When editor of the Southern Medical and Surgical Journal, application was made more than once for the volumes for it. You may calculate upon a similar call before long upon you for the Nashville Medical Journal.

Prof. Owen has called and presented me his work on the Megatherium—also sends by me a copy of the same to Prof. Means, of Georgia.

I am to leave London with much regret—having been greatly gratified with this visit, and truly fortunate in having met with so many of its distinguished surgeons within so short a period, and at this season of the year.

One subject has pained me, to see so many Frenchmen, some of our own profession, living in comparative destitution in this city, *exiled* from their own country by one of the most despotic

governments that ever cursed la belle France. Dr. Deville I met several times, is certainly one of the most learned of his age in medical science, was chained to a common criminal, lived on beans, was banished to Cayenne, when the Faculty of Paris interceded for him. He is a true republican.

I have now but to revisit Edinburgh and Dublin before bidding adieu to old Europe, and this may be my last trans-atlantic letter. A few reflections may not be amiss.

The comparative estimate of life in the old and new world.—This strikes every American. It is said that not an accident occurred at the exhibition in the crystal palace last year in London. How perfect must have been the arrangements which permitted the commingling of nearly 100,000 strangers a day in a very limited space for months together without one serious result to human life. But every where in France, Germany and Great Britain, every precaution seems to be exercised. It is not simply, *look out for the engine when the whistle blows*, but you shan't go in the way of it: for bars are put up on the rail-roads as the trains pass. And then every death, every accident is most thoroughly investigated; the coroner, as he always should be, is an educated medical man, and the guilty are promptly punished. In no country is traveling so well regulated as in France. While property is well secured by the laws in the United States, life itself, it must be acknowledged, is there too often sacrificed most recklessly. It is high time some means should be adopted to check the impatient career of young America. The strong arm of the law imposed by enlightened public opinion should be made to bear upon this subject throughout our country, but especially in the great West.

The intercourse between the old and new world.—This is still very limited, if we except American travelers. In the report for the month of June in Paris, this year, of 6050 strangers, there were 512 from the new world. The literary intercourse, barring the *thieving* between the two, is yet not much. A genuine yankee said to me the other day there was but little difference between the parties. Both deny the copyright to authors, the old produces most, but the little original written in the new world is republished without any acknowledgement of the source. I could not find the Translations of the American Medical Association on the Continent, and heard of but two copies in London, and I believe I may add in Great Britain. Postage is still most extravagantly high throughout Europe, with the single exception of letters in this government. Under these circumstances our medical journals are seldom if ever seen. The Lancet is about the only periodical of the profession in Great Britain as the Times is the only news-paper. Not only are the *provincial* medical journals published in London but even one for *Dublin*, and that is a weekly issue. Liverpool has yet no daily newspaper for its 45,000 inhabitants, while Nashville issues six for less than 20,000!

Increase of liberal sentiments in Europe particularly in England.
—This is gratifying to every American. During this, my fourth visit to the old world, this subject has been quite apparent. I have heard one of the editors of the London Lancet maintain the opinion that it was of no importance where the candidate for the honors of the profession obtained his medical knowledge so he possessed it. No special hospital, no favorite professor, no fashionable school conferred it, said he, but every man must be tried by his own merits. This you will admit, as I did, is good republican doctrine. On every side we behold these sentiments becoming more prevalent. Checked they may be at present in France, but the world is improving, growing wiser, and man's inhumanity to man gradually ceasing, to be known, we hope soon no more.

Nashville Medical Journal

MIAMI MEDICAL COLLEGE.—Without knowing how or why another school of medicine has been organized in the city of Cincinnati, we have noticed by a circular advertisement that such an one has actually commenced existence. Among the faculty, some will be recognized who were intimately associated with the old college not long ago. Whether there were not accommodations enough in the old college to meet the demands of a great influx of students, or the state, becoming a medical centre, rendered the establishment of another school expedient, remains to be explained. We used to know the exact number of medical schools in Ohio, but we confess our inability now to determine the point.—*Boston Medical and Surgical Journal*.

HUMANITY OF THE MEDICAL PROFESSION.—Amongst the leading characteristics of the medical character, humanity is one of the most prominent. At the call of the lowest and meanest, at all hours and in all seasons, the medical practitioner never fails to attend to the cry of the suffering and the diseased; and this, too in many instances, without the slightest expectation of fee or reward. The services thus rendered to humanity are beyond all calculation. The charitable exertions of every other profession and calling, "pale" before those of the humane practitioner of medicine.—*London Lancet*, Aug. 1852.

UNIVERSITY OF EDINBURGH.—The medical faculty state that from 76 to 141 the proportion of rejected candidates for the doctor-had increased from one in fifteen to one in five.

PART III.---EDITORIAL.

TYSENTERY.—In an excursion through several counties in this state I found the above named disease very prevalent, and also very fatal. I was informed that over eighty persons had died within the space of five miles, in the north eastern part of Gallia county, and that over fifty had died in one (Walnut) township in the same county. My informant further said that it prevailed as an epidemic over the greater portion of that and the adjacent counties.

In Rome township, Lawrence county, adjoining Gallia county, over sixty deaths had occurred, and so fatal has been the disease in those localities, that to have an attack was considered certain death.

I made every necessary inquiry from several physicians as well as the relatives of many of those who had fallen victims, to ascertain the general plan of treatment, and found it consisted in bleeding, blistering, calomel and opium, and the result has been as before stated. Why will physicians persist in any course of treatment which proves so universally unsuccessful? Should the community be censurable for not willingly submitting to this system of medication? Now, it is known by all the friends of Eclecticism that a milder form of treatment has been practised by Eclectic physicians for years, and has been eminently successful. N.

WORCESTER JOURNAL OF MEDICINE.—The October number of this journal is received, and I am very sorry to find that its editor has taken occasion to refer to our Institute in a manner which I consider prompted by an unfriendly motive, and, too, with a view to mislead and prejudice the minds of its readers. The relation existing between its editor and myself, obviated any necessity for his "supposing" the existence of any such things as he refers to, and would, if influenced by a friendly spirit, have been more cautious in making such statement. This is wrong—is unnecessary, and was not expected from this source. I have, since my connection with the Eclectic Medical Journal, and the Eclectic Medical Institute, ever been cautious not to attack any of our Reform journals or schools. But on the other hand, it will be seen by all who read the Eclectic Medical Journal, that the interest of the different Eclectic Schools has ever been regarded and protected in every instance, except in some cases where we have been grossly assailed, and I will now say, that if it is the wish of the editor of the Worcester Journal, and his school, to make war upon us, for sinister motives, I wish to know it, and further, that I am willing to meet the question in any way he pleases, for so long as I attack no school or journal connected with or belonging to the Eclectic movement, I will promptly repel all attacks upon me or the Institution with which I am connected. N.

ECLECTIC MEDICAL STATE CONVENTION.—The friends of the cause will not forget this convention, which it is designed shall be held at the Eclectic Medical Institute in this city, on the 3d Tuesday (16th,) in November. It is to be

hoped that a large number of physicians will be in attendance. "In union there is strength." It will be expected that all who attend the convention will be able to furnish a report upon some medical subject. The result of the treatment of the various diseases in their several locations. In this way an accumulation of important information may be made. Such as may be embodied in our journals, and forthcoming works, and such as cannot meet with us will please forward essays, or reports upon any subject relating to the Profession. The following letters, among many others, which we have received, show that the profession feel the importance of the movement. N.

PROF. R. S. NEWTON.—*Dear Sir:* The proposed State Medical Convention meets my entire approbation, and the time mentioned in the Journal will suit so far as I am concerned, as well as any other.

Yours, truly,

THOMAS ROBINSON.

Clover P. O., Clermont Co. O.

PROF. R. S. NEWTON.—Your suggestion for holding an "Eclectic Medical State Convention at the Eclectic Medical Institute in Cincinnati on the third Tuesday in November," meets with our entire approbation, and we will try to have this part of Ohio represented on that occasion.

In this city and vicinity, the principles of Eclecticism have taken such deep root that Allopathy is already tottering to its foundation, although three years ago nothing was known here of Eclecticism, and it might well have been considered the strong-hold of the Sampsons, Calomel, &c.

All this has been effected by individual energy, aided only by the great superiority of Eclecticism over the antiquated doctrines of Allopathy. Now then, it has become an axiom that, "in union there is strength," and all that is necessary for us to do is to apply this principle to the cause in which we are engaged, and in a short time no one will be willing to acknowledge himself an Allopath, and as a matter of course, our triumph will be complete. Go on then in the good work; you shall have our feeble co-operation.

Tiffin, Ohio, Sep. 27, 1852.

D. D. & F. FRANKLE.

ECLECTIC PHYSICIANS IN OHIO.—We wish to obtain the names of all the Eclectic Physicians in this State, and will be glad if all such will furnish their names, and the names of all they know, as soon as possible, or by the meeting of the State E. M. Convention. There are reasons for a full attendance and complete organization of all our physicians. This must be done if we would succeed in some of the most important measures contemplated by this organization. N.

OUR PRELIMINARY COURSE.—These Lectures commenced on the twelfth of October. The number of students already in attendance is much larger than ever assembled in the Institute before, and from the present indication I believe the number of students for this session will exceed two hundred and fifty.

Our colleagues are all at their post, and every thing is in order. The new members of the Faculty are well received, their lectures show conclusively that they are well prepared in their several departments. They are familiar with their subjects and are pleasant and impressive lecturers. And I feel that I can say, to such as wish to attend this Institute, that they may expect as full and satisfactorily a course of lectures this winter as have ever been delivered in the Institute. N.

MEDICAL COLLEGES.—In answer to the inquiry of the Boston Medical and Surgical Journal, on page, 524, as to the number of Medical Colleges in this State, I will inform him that there are eight. Five in Cincinnati—as follows: The Eclectic Medical Institute, the College of Medicine and surgery, the Miami Medical College, the Ohio Medical College, and the Botanic Medical College. There is one in Columbus and two in Cleveland. They are all, with the exception of three, Old School Colleges. The others being the Eclectic and Botanic of this city, and the Homœopathic at Cleveland. For the encouragement of those who may fear there will not be sufficient room in these, we will say that another old school organization is expected to take place during the coming year. N.

MEDICAL EDUCATION IN MEMPHIS.—*The following publication is made by agreement between the Trustees of the Institute and the Faculty of the Memphis Medical College.* To promote the interests of the College, the holders of certificates of Scholarship, and the Public, are informed, that the Trustees of the Memphis Institute, and the President thereof, have agreed to suspend the Medical Department of the Institute upon the following conditions—to wit:—The Memphis Medical College is to receive and pay in tuition, as was originally contemplated, the certificates of Scholarship regularly issued by R. S. Newton. Dean of the Faculty of the Institute (in 1850 and not already redeemed,) provided they are presented by the son, relative, friend, or other students from the State where the Editor or Publisher resided to whom they were originally issued. In consideration of which the Trustees of the Memphis Institute have vacated all the chairs in the Medical Department, and suspended it for twenty years from this date.

This publication is therefore made for the purpose of notifying the Editors and Publishers, who advertised for the Institute, and all persons abroad who hold certificates of scholarship, of the terms upon which they will be received and paid in tuition, by the Memphis Medical College, and also for the purpose of informing the public generally, that all rivalry and opposition have ceased, and that the citizens generally will now co-operate with the Memphis Medical College, in the effort to build up such a school as will be honorable and useful to Memphis, and the surrounding country.

E. W. M. KING, President of the Memphis Institute.

D. J. ALLEN, President Board of Trustees Inst.

LEWIS SHANKS, M.D., Dean of the Faculty Memphis Med. College.
Memphis, Sept. 22, 1852.

We extract the above from the Memphis Medical Recorder,—more particularly for the benefit of the persons holding scholarships—when the Faculty who built up the Memphis Institute, were about to resign and several of them to accept positions in another school, it was proposed to the trustees that these scholarships might be received at other Colleges. This was objected too. Prof. W. Byrd Powell made a private agreement with the Memphis Medical College to receive them, which was done until a man connected with the Institute after its reorganization, objected to any further reception of them; but now we find that the board of Trustees of the Memphis Institute have adopted a wise policy and tied up the charter, and thus taken the whole matter from Dr. Hulse who is unfit in every respect to manage or assist in the advancement of any public enterprise, and thus his "Progressive Allopathic School," (this being the name he gave it after the Eclectic Faculty abandoned

the school and left the charter in the hands of the Trustees,) this was the request of the Faculty when they left the school. But as some men have so much confidence in their own greatness, that it requires sometime to become convinced of the fact already well known to the world—his incompetency—he was allowed to continue until it was accomplished.

Now we will say to such as hold scholarships, that they will do well to comply with the above official arrangement. It will be seen however, by those holding the same that they are to send a student from the locality in which the holders reside, this was the original contract, and it never was contemplated that they should be sent to Memphis to be sold there, and while we were the officer of the Faculty we refused to accept them, under such circumstances, and such will continue to be the case no doubt—for a contract is binding equally upon both parties. N.

CALOMEL AND BLEEDING.—I am frequently asked if Eclectic Physicians do not use the above agents for the removal of disease. I will say that one fundamental doctrine of our school is to discard all agents which produce permanent injurious effects upon the system, even when given in, or used in medicinal doses. And it is well known by all scientific Physicians, that the above have often produced not only permanent injurious effects, but even death—too in the hands of the most careful and judicious—and if any person who claim to be Eclectics, do follow such a practice they should at once put themselves in possession of the knowledge within their reach, which will enable them to abandon them altogether and forever, as remedial agents, and if they will not do so, at once associate themselves with that portion of the medical profession who consider the above agents their "*Sampson and Goliath*." For they are not affiliated with the true Reformers in medicine. N.

"ALLOPATHY AND ALLOPATHS."—By reference to an article under the above caption, from the *Medical News and Library*, published at Philadelphia, it will be seen that the *old school physicians* are getting tired of the name they have so long gloried in, and want to change it to something more pleasant to the ear, and less objectionable to the public, who have so long suffered from their antiquated mode of treatment. N.

PHILADELPHIA JOURNAL OF PHARMACY.—It will be seen from the article copied from the above named journal, and transferred to our pages, that Dr. PROCTER, the editor, is disposed to do the Eclectics justice, in regard to the introduction of some of our new remedies. It will not be long before ample justice will be done us for many of the innovations upon the old plan of treatment and the new and improved remedies in general use among us. N.

CORRECTION.—By an oversight, the valedictory address of Dr. Sherwood, published in our September number, contained many typographical errors, which escaped correction. For instance, on page 394, where the language should be "Every drop of blood which has been spilled, every tear which has fallen, and every prayer that has risen in behalf of *Social*, civil, and religious liberty, has been in sympathy with the great principle which characterizes our reform," the types have it "*Souls*, civil and religious liberty;" and in the third line from the bottom of the same page, the word "*unprotected*" should be "*unproductive*." Again, on page 396, eighth line from the bottom, the types are strangely mixed up; for instead of "there will exist a bond, a kind of Eclectical connection of union" they should read, "there will exist a bond of union, a kind of electrical connection." N.

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PART I.---ORIGINAL COMMUNICATIONS.

MEDICINE—IDEALLY AND REALLY; OR, MEDICINE IN
REVIEW.

BY G. W. L. BICKLEY, M.D.

(Continued from Page 391.)

Dietetics, Pharmacy, and Surgery, were the first divisions of Medical Science; though the words would not now convey a very correct idea of the part assigned each. The Dietetician of that age corresponds very nearly with the Physician of the present time; as to him was entrusted the care of the general health of the patient. The department of Pharmacy included not only the compounder of Drugs, but to it was entrusted many minor surgical operations, the more considerable or important ones being left for the third class, or proper surgeons.

It was not till the formation of the school at Alexandria that the *dogmatic* and *Empiric* sects, or the *regular* and *reform* sects became so hostile to each other. These terms do not convey a correct idea of the two classes; hence it is necessary to define the position occupied by each: the Dogmatist contended, that before attempting to treat any disease, the Physician should be intimately acquainted with the functions of the diseased part, and the operation of medicinal agents upon it. On the contrary, the Empiric contended that such knowledge was unnecessary—that the *minute* Physiological actions of the organism are beyond the comprehension, and that it was the physician's duty to watch the phenomena of diseased action, and to discover what remedies are best adapted to the removal of morbid conditions of the system. That experience was essential to the formation of correct conclusions, and further, that by departing from our knowledge

thus obtained, or by the observation of others, we are liable to fall into dangerous errors.

Whether their doctrines be true or not, it is certain that the numerous theories which have from time to time risen, and which were unsupported by facts or experience, have been a prolific cause of serious evil. The true position here was *Eclectic*—viz: that facts must support theory. The Dogmatists claim to have sprung from Hippocrates, as do likewise the Empirics. All parties seem to regard him as the great leader—or rather as the great systematizers of medicine—and hence all felt it an honor to have sprung from such a source. It is very certain that Hippocrates included the tenets of both sects in his doctrines. Notwithstanding the many errors which Hippocrates taught, the Dogmatists contended for the whole system, and upon this point split the Dogmatists and the Empirics. The Empirics contended for reform, and demonstrated many of the errors taught by their opponents. Who was the great leader of the Empirics is hard to determine, as historians are much divided on this point. Pliny contends that it was *Acron*, a physician of Sicily, while Celsus declares *Serapion* of Alexandria, and a pupil of Herophilus, was the first great propounder of Empiricism.

The Dogmatists of later times contend that Serapion adopted the practice of Hippocrates, but discarded his theory. This is, no doubt, contended for to meet his great reputation; for, though few or no works have been left by the Empirics, still other contemporary writers speak in glowing terms of their success as practitioners—among whom may be mentioned the great *Celsus*. Celsus calmly examined both doctrines as taught by the great sects, and though he was himself a Dogmatist, he has represented the Empirics in so fair a light that the Dogmatists of the present day declare that he was an Empiric or defended them. For a period of several centuries there occurs a blank in Medical Science.—*Archagathus* settled at Rome about two centuries before Christ, and commenced the practice of medicine; but was so unsuccessful that he excited general disgust. The next to follow in his place was a Bythinian, called *Asclepiades*, who failing to succeed as a teacher of Rhetoric, adopted the healing art; and as he was an ignorant man, so far as regarded a knowledge of anatomy, he of course opposed the doctrines of Hippocrates. This *Asclepiades* was a sort of Homeopath in principle, as he was very cautious in the administration of remedies, depending most upon the effects of diet, exercise, etc. *Asclepiades* was, no doubt, a shrewd observer, and knew the weak points in human nature. To him we are indebted for the first great classification or arrangement of diseases into acute and chronic. *Asclepiades* tried to found a new theory of disease, upon the doctrine of Atoms and Pores of *Epicurus*. In this he failed. He was succeeded by one of his pupils, *Themison*, of Laodicea. *Themison* had the honor of found-

ing a new sect, called *Methodic*. The name of this sect is, however, wrong; it should have been *Eclectic*, as he adopted a middle course between the *Dogmatists* and *Empirics*, choosing from each their excellencies.

Themison leaned much to the doctrines of his old master, Asclepiades; but contended that a knowledge of the human frame was necessary. He referred the seat of all diseases to the solids, thus holding a doctrine directly opposite to that which had been taught by Hippocrates, who may be regarded as the first humoral Pathologist. Themison has left no writings; but *Calius Aurelianus* zealously defended the tenets of the *Methodic* sect.—From him and other writers we learn that they were really very successful in the cure of disease. The doctrines of the *Methodics* become very popular at Rome, and bid fair to eclipse those of the *Dogmatists* as well as those of the *Empirics*.

Thessalus, a follower of Themison, but a man for whom every Physician must feel the utmost contempt, was his successor; but like all other ignorant persons who attempt to rise without knowledge, endeavored to overthrow the *Doctrines of his Master*, as well as every other. He assumed the pompous title of “Conqueror of Physicians.”

From the *Methodic* sect rose others such as *Pneumatic* and *Episynthetic* or *Eclectic*.

Of the *Pneumatic* sect I need say little, as their Theory was both abstruse, and to a great extent, erroneous; yet the spirit of which they speak seems to have answered in some degree to the *Nervous influence*, contended for by Physiologists of the 19th century. *Aretæus* who lived in the reign of *Vespasian*, was a member of the *Pneumatic* sect. He wrote a work, still extant, and in high repute, comparatively, upon the general principles of disease, their symptoms and diagnosis. For his boldness and liberal sentiments I am not well persuaded that *Aretæus* did not more properly belong to the *Episynthetic* school, although most writers have placed him among the *Pneumatics*.

Archigenes, of *Apamea*, a Practitioner of Rome, in the reign of *Trajan*, was the most celebrated of the *Episynthetic* or *Eclectic* School. His reputation was very high; and from certain other circumstances it is to be imagined that he was far from an ordinary man. *Archigenes* wrote a work on the pulse, on which *Galen* afterwards wrote a Commentary. He introduced many new and original ideas relative to the human organism, which, however, generally could not bear the test of induction; and though he left many theories and many followers, none seemed to survive for any considerable time.

It is indeed strange that so many men should have risen to eminence, founded sects and carried off from other systems so many respectable practitioners, without leaving behind them more detailed accounts of themselves, and their practice. It is gen-

rally difficult to trace even the birth place of these remarkable men. But we can more easily account for the non-existence of their writings, if any really ever existed, by remembering that printing was then unknown, and that their manuscripts may have been accidentally destroyed.

During the reign of the Emperor Aurelius, *Galen*, a native of the city of Pergamus, who had been educated at Alexandria, rose into deserved eminence. Of all the ancient Physicians few were more industrious than Galen, for he has left as his immortal monument, about two hundred treatises, on almost all subjects, connected either with medicine or collateral sciences. There is scarcely a doubt, but Galen was the most learned man of his age. It is desirable to extend remarks upon him, for with his character all Physicians can but be enamored; yet my object is only to present a concise history of Medicine, without entering into a biographical account of the many remarkable men whose acts merit our attention.

Perhaps no man who has ever written upon Medical Science has enjoyed such unbounded confidence as Galen; for upwards of twelve hundred years was he regarded as the highest authority. This fact alone, gives an idea of his writings. It is contended at the present day, that he belonged to the Dogmatic sect; but I beg to differ from this view. The Doctrines of the Empirics prevailed at the Alexandrine School, where he was educated; besides his general writings are not consistent with the tenets of the Dogmatics. That Galen was an admirer of Hippocrates is fully evident, from the respectful manner in which he refers to him; yet it does not follow that he must necessarily be a disciple of his doctrines. It is said that he was the inventor of the humoral theory; but let such as make this assertion look a little farther back in the history of medical science.

Sextus Empiricus, a contemporary with Galen, and a disciple of the Empiric sect, seems to have been a man of much acuteness and observation, as is apparent from his arguments directed against the Dogmatics. Next to Galen he was perhaps the most learned man of that age of the world.

The depression of the sciences—in fact, of all manner of learning, during the dark ages, (caused by Political considerations, beyond the field of our enquiry,) occasions a comparatively uninteresting period in the history of medicine. *Oribasius*, *Ætius*, *Alexander Trallianus*, and *Paulus* succeeded *Galen* and *Sextus Empiricus*, but appear to have been only commentators upon *Galen*. *Ætius* was eminent in Surgery, while *Paulus* was more noted in Midwifery. Greek Medical Science seems to have fallen with these men in the seventh century. The city of Alexandria—the modern Philadelphia—continued to support a good school. Here was an extensive library, containing all the knowledge of the ancients, but which suffered very much from the destroying hands

of the Saracens. After the Mahomedan struggles ceased, the Arabians turned their attention to Science and the Arts, and though they generally followed Galen's theory and practice, they are entitled to much originality.

The first *Arabian writer* on Medicine, of whom we have any certain account, was a priest at Alexandria, called *Ahrun*. This man wrote the first description of small pox, in the seventh century. It is to be supposed that his information was much the same as the Greek writers of the day. A period of three centuries now occurs before any one acquires celebrity enough to be noticed. In the ninth century, *Serapion*, a native of Damascus, wrote a system of *Methodical Therapeutics*, in the Syriac language—but like others of his time, he followed closely in the tracks of Galen, though he sometimes branches out into elegant speculations. At the same period with *Serapion* lived *Alkhendi*, who applied the rules of Geometrical proportions, and of Musical harmony to the doses of Medicine.

Rhazes, a native of Irak, in Persia, now rose into eminence, and by his writings, particularly his Aphorisms, we can easily conceive that he possessed much knowledge not derived from his predecessors. He done much towards improving Surgery and Pharmacy. About this time Chemistry began to evolve a few facts, and *Rhazes* called attention to what was termed Chemical remedies.

Avicenna who flourished about a century later than *Rhazes*, and a celebrated writer called *Ali-Abbas*, completely eclipsed the fame of his predecessors in the light of his own. *Avicenna* was a native of Brochard, and seems to have been not only a learned man, but endowed with much energy. He was, however, so superstitious as to declare himself under the influence of supernatural revelations. He wrote an Encyclopædia of Medicine, entitled "Canon Medicinæ." This great work was regarded as a standard authority till about two centuries ago; and many views will remain forever. *Melcuses*, two Arabian Physicians, one living in the eighth and the other in the tenth century, must receive a passing notice, though little is known of them. The elder of the two was much celebrated for his translations of the Greek Physicians; while the latter became known mostly on account of a treatise on Therapeutics and Materia Medica.

After these the person figuring to any extent among the Arabians was *Albercasis*, who for his Surgical skill and writing acquired a celebrity almost equal to that of *Avicenna*. His practice in surgery was, though heroic, the best for several centuries, and was therefore employed as a text book in many of the colleges.

The author of "Thaissyrr," *Avenzoar*, though a native of Seville, in Spain, wrote in the Arabic language. He was a bold and fearless writer, who, though a disciple of Galen, did not hesitate to

depart from him in many points which he considered erroneous.

Averraes, a native of Corduba, flourishing in the twelfth century, was a pupil of Avenzoar. He became celebrated, not so much on account of his writings, as the religious persecutions he suffered in early life. Yet his Commentaries upon Galen and Aristotle were long regarded as standard works. The works of this author were read till the seventeenth century. With Averroes terminated the Saracenic school of Medicine.

To this school we are indebted for various new articles in medicine, and descriptions of disease. Their addition to the list of *Materia Medica*, consists principally of the vegetable productions peculiar to Eastern or Southern Asia. The application of Chemistry to Pharmacy, in the seventh century, resulted in the production of what has been termed *chemical remedies*. These consisted mostly of oxides and salts of some of the metals.

It is to be remembered that during the glory of the Arabic school, all Europe was sunk in a state of utter barbarism and superstition. During the period denominated "dark ages," the only feeble flickerings of the light of Science, were among the *Moors* and *Arabs*. How long this state of things might have existed, had not the Crusades opened a communication between the Europeans and Asiatics, cannot be answered. It is probable that the writings of the Greek Physicians would have been entirely lost, had it not been for the Syriac translations. But we are now arriving at a period in the history of Medicine which cannot fail to interest the diligent inquirer after knowledge—I refer to the rise and progress of Medical Science in Europe.

(To be Continued.)

PART II---MISCELLANEOUS SELECTIONS.

REPORT ON OBSTETRICS.

BY J. SITES, M.D.

MR. PRESIDENT: I feel a delicacy in rising to make a report on obstetrics, having just had the honor of being appointed on the committee; but I conceive it to be our duty to act when called upon, and shall confine my remarks to obstetrical surgery.

During the year 1842, I was called to attend a parturient patient, and I may here remark that this was the second case of labor to which I had given my attention. Upon my arrival, I was informed that three physicians of the Allopathic School had aban-

doned the case. I found the patient in a sinking condition, with cold hands and feet; lips pale, and pulse feeble, and the Uterus had ceased to contract. I made an examination, and discovered a presentation of the feet in the third position. In this position, the heels looked to the right sacro-iliac symphysis, and the toes to the left cotyloid cavity.

The treatment I directed was, first, a compound composed of Capsicum and Ergot, steeped in hot water. I likewise applied the extract of Lobelia Inflata around the region of the Pelvis, in conjunction with cloths dipped in warm water. Under this treatment and without the use of instruments, I succeeded in delivering my patient of a child, the weight of which was twenty-one pounds, the head measuring twenty-seven inches in circumference.

The child was dead, but the mother resumed her domestic duties in sixteen days. I felt great pride in my success; and I can assure you, Mr. President, I came to the conclusion that those who used instruments in obstetrics, had something yet to learn. But time and experience are useful teachers, and I have been compelled to acknowledge, that instruments, under some circumstances, are the only means of saving life.

Notwithstanding I have been under the necessity of using the forceps on four occasions, and performing the operation of Craniotomy on two, I never resort to their use until Medicinal means have failed to produce the desired effect.

Suppose, Mr. President, we are called to a patient, and upon examination, we discover the fetal head presenting in the sixth position. We make an effort to change the position. If we fail, in consequence of the head being wedged tightly in the superior strait, and after waiting for a time, find the patient sinking, we would then resort to stimulants in order that her strength may have the support necessary in such a case. We would also resort to local relaxants. But if these means fail, are we to suffer our patient to sink into the arms of death? or shall we make an effort to deliver with the forceps and save both mother and child? Should these fail, it becomes our duty to save the Mother at the expense of the Child.

Under these circumstances, we are compelled to resort to Craniotomy. After perforating the skull, and breaking up the brain, authors generally recommend leaving the patient for a few hours, and allowing nature to effect the delivery. But authors are not always practical men; and I consider it not only highly censurable, but cruel, under these circumstances to leave the patient.

My mode is, after breaking up the brain, to introduce one blade of the Craniotomy forceps inside of the skull, and the other on the scalp, and effect the delivery as soon as possible. This operation may be performed from commencement to delivery, in the space of seven or eight minutes. It is always requisite, in per-

forming operations of this kind, to quiet the fears of the patient. This may be effected by the physician's pursuing a quiet and dignified course, not showing the least timidity or embarrassment.

Nowhere is decision of character and promptitude of action more required, and in no case is the man of science more distinguished from the pretender. In no situation is the conduct of the physician more the object of present attention, or of future criticism.

But permit me, Mr. President, before closing, to make a few remarks in reference to the use of Ergot.

This article should be used only when the *O*s is well dilated, and the contraction of the Uterus feeble. In this condition of the case, Ergot, in conjunction with Capsicum, may be used with advantage. Many of our Eclectic Brethren condemn its use entirely, on the ground that its effect on the Fœtus is fatal. Experience, however, has taught me otherwise.

It may prove fatal to the Fœtus if administered when the *O*s is not well dilated, for it is likely to keep up a constant contraction of the Uterus, thereby cutting off Fœtal circulation. If contraction of the Uterus under the use of Ergot continues for the space of four or five minutes, and birth does not take place, death is produced by the cause just specified, and the patient when delivered, will give birth to a dead child.

Hence Mr. President, we perceive that, as with instruments, so with Ergot, they should be used only at a proper time, and in their proper place, and that as a *dernier resort*.

Philadelphia, May, 1852. *Trans. Nat. E. M. Association.*

RATIONALE OF SUPERFŒTATION.

BY O. DAVIS, M.D.

The belief that a second impregnation can occur while the Uterus is already gestating, is quite common. The doctrine is assumed, because the births of mature children may succeed each other after an interval of months. It might be said that, in the first instance, the child anticipated the ordinary term of gestation, while with the latter it was prolonged. But this is not altogether a fair inference where the signs of maturity are alike complete in each.

Then how can we explain the occurrence of conception when the female is already pregnant? The apparent difficulties in the way, are, the formation of the deciduæ immediately after the first impregnation, which line entirely the mucous surface of the cav-

ty of the Uterus, and which hermetically seal both Fallopian orifices; and likewise the formation of the cervical plug, which prevents any entrance to the Uterus. The difficulties are really, only seeming in my opinion, and rest upon the assumption that the second conception is the result of a subsequent co-habitation.

The theory I propose as the *rationale*, is this; that the sperm-cells enter simultaneously both Fallopian tubes. That in one of these they encounter a mature ovarian germ or cell, on its way to the Uterus. This conjugation of cells is impregnation, and the usual changes follow in the Uterus, viz: excitement, congestion, the development of Uterine villi which furnish the decidua, and prepare for the reception of the advancing embryo. In the other Fallopian tube, the sperm-cells meet with no germ-cell, while the Uterine villi close the Uterine outlet of the tubes, preventing the return or escape of the sperm-cells. Here they are imprisoned during the term of gestation of the first fœtus, or until a germ-cell is matured and cast off by that Ovary, which encounters the sperm, and again, a second impregnation is the result, followed by conception. If then, the term of gestation be with each about two hundred and eighty days, both may present the signs characteristic of maturity, and yet one may succeed the birth of the other, after the lapse of two, three or even four months. This explanation may be objected to, on the supposition that the vitality of the sperm-cells cannot continue so long under those circumstances. The kernel of wheat, which contains the life and is the seed, will grow after the lapse of a thousand years. And likewise we have the evidence of some remarkable examples, in which the fœtus has been developed within the abdomen of a child, and within the testes also; and there are other instances, which sufficiently illustrate that vitality may influence matter under very extraordinary circumstances, and for an indefinite period of time. This, therefore, cannot be a valid objection to the theory.

This rationale assumes that pregnancy does not put a stop to the development of germ-cells, and we can hardly avoid this conclusion, when it is so fairly maintained, that they are necessary to establish the catamenia. The many instances of regular return of the catamenial flow during pregnancy, establishes the assumption, while its cessation generally may be attributed to other causes attending pregnancy. This proposition is not new, but is maintained by Prof. Meigs, and other standard obstetric authors.

Prof. Davis answered other objections in his extemporaneous remarks, which were somewhat extended, and concluded by remarking, that although his explanation and theory may be plain and simple, yet he believed it was in unison with the latest researches in physiology, and that the time spoken of by Dr.

Churchill, when a satisfactory explanation would be given, has already arrived. If any writer had attempted any explanation of this subject, it had not as yet come within his observation.

Rochester, May, 1852.

Trans. Nat. E. M. Association.

REPORT ON CHEMISTRY.

BY J. W. PAINE, M.D.

MR. PRESIDENT, AND GENTLEMEN OF THE NATIONAL E. M. ASSOCIATION: It is with much regret that I am compelled from a variety of circumstances, to be absent from your Convention. I have looked forward to the assembling of that body with much interest and anxiety. To it we look to be informed how, with the greatest facility, we may accomplish the great Reformation in Medicine, which we have but just commenced. It is to this Convention that we look to give permanent character to our movement, and wholesome counsel to those who have it in charge. We expect this Convention not only to give counsel and character, but to discuss the great and intricate problems underlying the advancement of Medical Science. It is to be presumed that this Assembly will take a retrospective survey of human science.—They may even pass beyond its awful limits, guided by the torch of a Buchanan, and a Reichenbach, and may aid in sculpturing out from rude nature those mighty truths lying nearer to the throne of the great *I Am*. Meanwhile, less powerful minds may amuse themselves, by following in their wake, and breaking up for minute examination, the huge cliffs which others have left behind.

I am in hopes there will be sufficient interest manifested in this Convention to retain its *National Character*, because it will have a more extended influence, and exert a greater tendency to unite our forces, and to make our claims as Medical Reformers more justly appreciated. It is to be regretted that there are at the present so many branches of the Medical Reform movement, as each can exert but a limited amount of the influence that would be brought to bear by any united body of Medical Reformers. Eclecticism has for its motto, "truth and progression;" and I apprehend the time is not far distant, when the Physopathic, Hydropathic, and Homeopathic ranks will all unite as co-laborers with us. Homeopathy has already made one step towards this union, by embracing the resources of Hydropathy; and but a single step farther will bring that system upon the same platform with Eclecticism. I am in hopes this Convention will take into consideration the great importance of making the student of Eclectic medicine perfectly familiar with all the various resources accessible

to our profession; and that our Colleges will make provisions to supply any deficiency of the kind that may exist. I do not mean, to establish a separate chair upon each of these isolated subjects, but that the lecturers should make their lectures comprise all the peculiarities of each; and we need not in the least fear that two great truths will come in collision.

The Department assigned me was that of Chemistry. When I consider the magnitude of the subject, I am happy to find myself associated with those who have paid very particular attention to this Department of Physical Science.

At no former period has the Science of Chemistry received such an amount of attention from the Medical Profession, as at the present. When we take a survey of the recent discoveries and improvements in this Science, we can but admire the rapid strides made by its industrious cultivators. Among the more recent discoveries of Chemistry, we find those made by M. Dubree, who observed that the ores of tin are constantly accompanied by fluoric or boracic minerals, and found, particularly mica, topaz, tourmaline, &c., which induced him to believe that this circumstance was connected in some way with the formation of the ores, and that the tin was brought into its beds in a state of fluoride, and there underwent a double deoxidation, producing the oxide of tin, and fluoric minerals. He has been enabled to produce oxide of tin artificially. He has also been successful in producing crystals of oxide of titanium, and crystals of quartz.

I would also call your attention to the experiments of Despretz, and his mode of securing the most powerful heat, by bringing together the heat of the sun, the electric current, and a blow-pipe of Carbureted Hydrogen. By this powerful concentration of heat, hard and compact magnesia immediately volatilizes in the form of white vapor. These experiments show the fusibility of many substances which had never been fused or volatilized before. His method of application is to use a Galvanic Battery equal to 185 pairs; an annular lens about 1 yard in diameter, and a blow-pipe of Carbureted Hydrogen. The amount of heat thus generated, must yet be made subservient to some valuable purposes.

Another important item is the discovery of the Maumena, of the action of chlorine upon sugar, and its value to Physicians in enabling them to detect its presence in the urine, as that is the only prominent symptom, by which to distinguish Diabetes from Diuresis. The action of the chlorides on all sugars is the same. The process is one of dehydration—leaving a brownish black product. To make this test convenient to the Physician, we may take a piece of merino, and immerse for four or five minutes in a solution of bi-chloride of tin. Dry the merino, and cut into strings, and by dropping one drop of urine on this test cloth, and holding it over a lamp, close, for a minute or two, if there is sugar

in the urine, a dark spot will appear. This test is not only easy and convenient, but correct. I would also call the attention of the convention to the investigations of Mr. Gasparin, on the nutritious and medicinal effects of coffee. The investigations of Prof. Gregory on the effects of Chloroform, and its impurities, are also highly important. He states that all our chloroform contains a chlorinated oil; and to this he attributes its unpleasant and often dangerous effects. He proposes as a test of its purity, to add a small portion of chloroform to an equal portion of pure sulphuric acid, and if this oil is present, it will color the acid yellow. Pure chloroform does not color the acid. Mr. Kemp has a very easy and simple method of purifying chloroform, by agitating a portion with half its bulk of sulphuric acid; then by peroxide of maganesc, the purification is completed.

It would be well for our Pharmaceutists to turn their attention to the Cail Cedra, a medicine used very extensively by the natives of Africa and India, as an antidote to their fevers. It appears to be a Febrifuge; and it is stated by travellers that it appears to possess great power in controlling the fatal diseases of that climate, which are mostly of an intermittent character. This tree is indigenous to Gambia and the low lands of Cape Verde, and belongs to the family of Meliaceæ. The natives take the bark in infusion, and bathe in the same. The organic principle obtained by Caventou was a solid opaque resinous salt, of a yellow appearance, a green fatty matter, a red and yellow coloring matter sulphate of lime, chloride of Potassium, Phosphate of lime and Ligneous matter. I would be glad to call the attention of the Convention to other matters, especially to the chemical properties and Therapeutic effects of many of our indigenous plants and barks, but neither time nor space will permit. Before closing this subject, I must state my hopes that all of our Colleges will adopt the Free Medical School System. I am sure from the effect it is having in this section, it will more than treble the number of students, and enable all to become more perfectly acquainted with the profession, before they commence practice. We have a large number of young men of the first order of intellect just commencing the study of medicine, and expecting to take the advantage of the Free School System. The progress of Eclecticism in Northern Ohio for the last few years has been triumphant; and the decline of the Old School is equally marked.

In conclusion, Gentlemen, I have only to declare my belief that if our future course is marked with the same spirit of Radicalism Investigation and Progress, which have characterized our course, the victory must be ours.

Warren, O., May, 1852.

Trans. Nat. E. M. Association.

AN INQUIRY INTO THE NATURE AND CAUSES OF VARIOUS DISEASES OF THE ALIMENTARY CANAL.

BY HORACE T. N. BENEDICT, M. D.

MR. EDITOR.—I respectfully ask a place in your columns to inquire, Why are flux, cholera, cholera morbus, cholera infantum, dysentery or gray flux, and other diseases of the alimentary canal, more prevalent in seasons of scarcity of fruits, than they are in prolific fruit seasons? That these diseases are much more prevalent, and much less tractable, in unfruitful than fruitful seasons, is a fact corroborated by the experience of every observing medical practitioner; and to ask the cause of this prevalence and obstinacy is the object of the present inquiry.

The present year (1852) produces a less amount of fruit in central Indiana than any season within the last ten years, nor have alvine diseases proved more obstinate in this region within that time. We would here institute the inquiry; Whence do the various fruits derive their acidity? Does it come from the *earth* by radical absorption? or is it obtained from the atmosphere by folial absorption? That it is derived from the atmosphere, by the absorption of the leaves, will appear from the effects produced by grafting. Engraft a scion from a sweet-apple tree, upon a stem, on the crab-tree, and the fruit of the engrafted scion will be sweet, while the fruit on the surrounding branches will be extremely acid; yet both scions draw their nourishment by the same roots, and the sustaining sap is conveyed to them through the same pores. Whence, then, the difference in flavor? It evidently proceeds from folial absorption, as the venous blood is changed in the lungs by the absorption of oxygen.

This will clearly indicate, that the atmosphere must contain the acidity requisite for giving flavor to the varieties of fruits; and, when from any cause fruits fail, this surplus acidity remains for inhalation and absorption. In this respect it resembles the miasmata of fenny regions. So long as the forest remains undisturbed in its original majesty, the miasm remains innoxious; but as soon as the axe-man's blows lay low the stately growth, and the fervid rays of a summer's sun are permitted to fall upon the bosom of mother earth, so soon do the inhabitants begin to suffer the consequences of the inhalation and cutaneous absorption of miasmata; and fevers, agues, and periodic diseases of various kinds prevail.

On the other hand, when a scarcity of fruits prevails, the superabundant acid remains unabsorbed, by its *natural* absorbent, and is ready to be inhaled and absorbed into the human system, producing functional derangement in biliary secretion, and in the whole alimentary canal, carrying off by its acrid pugnacy, the

mucous covering, so kindly furnished by the Creator to shield the intestinal blood vessels from the action of acrid and irritating matter, thus causing sanguineous, purulent discharges; and not unfrequently causing irritation of the primæ viæ, producing distressing and almost uncontrollable emesis. And here I beg leave to suggest another thought in confirmation of my views in this matter. In seasons of great scarcity of fruits, especially of peaches, those that grow are scarcely worth anything, in consequence of excess of acids producing an exudation of a gummy substance from the fruit, and a peculiar curly and diseased appearance in the leaves, dependant, no doubt, upon the excess of acid absorbed by the leaves from the atmosphere.

Here, we have what I conceive to be the originating cause of the diseases under consideration. An opponent may contend, that, in a fruitful year, we receive much more acid into the system, by *feeding* on fruit, than can be absorbed and inhaled from the atmosphere,—this I readily admit. But let it be remembered, that it is not the *amount* of acid received into the system, but the *manner* of its reception, which is the cause of mischief.

Milk is, perhaps, the most general sustainer of life, of all the food which Providence has provided;—yet milk, injected into the venal cavities, is almost as virulent a poison as the venom of the copperhead or rattlesnake. So, while the acid of ripe fruit may act as a palliative to several peculiarities of intestinal derangement, the absorption of atmospherical acid may be the cause of that derangement. It is well known that *gastric acid* is one of the concomitants of dyspepsia,—yet the celebrated Dr. Dixon of London, in his Chrono-Thermal system of practice, recommends hydrocyanic acid, as one of the most efficient remedies. Nor do our Allopathic friends fail to recommend nitric and vitriolic acids as a remedy in this protean disease. These are mentioned to show that the effects of acids differ materially, according to the different manners of their administration; and that the fact, that we receive into the system more acid in fruit years, than is absorbed in unfruitful seasons, is no argument against my theory of the *acidulous* production of the diseases under consideration.

Another argument in favor of my views of the cause of these diseases may be found in the facts developed, concerning the effect of soft, or *unacidulated* waters on cholera. It is now, I believe, admitted by all, that rain water, distilled water, and what is, in common parlance, called soft, or freestone water, are prophylactics in cholera,—in other words, that cholera does not show itself in freestone regions; and, in the regions of acidulated or *hard water*, those who use rain water, either wholly escape the scourge, or have, comparatively, slight attacks.

Believing my *theory* fully established by the preceding facts and arguments, I now proceed to speak of the *practice*. And here.

perhaps, I shall do well simply to state my own practice,—not having lost a case of flux within the last seventeen years, while in cholera, cholera infant m, &c., I have shared in losses with surrounding practitioners. One great cause of the destruction of life by cholera infantum is, that parents are generally tardy in calling in medical aid, supposing the incipient stage to be only “*a little cold*,” which will soon work off, and the doctor’s fees be saved.

My practice, until within the last few years, was the following: Take good French or Spanish brandy, sweetened with refined sugar, and burn until the flame becomes weak;—when extinguished, give to an adult from two three teaspoonful of a powder formed by combining equal quantities, by measure, of calcined magnesia and tannin. Continue this as often as the case may require, until the discharges are sensibly diminished; then, instead of the foregoing powder, use a tea-spoonful of a powder formed by combining equal quantities of charred rhubarb and calcined magnesia. Continue this at such intervals as the urgency of the case requires, until there is a sensible increase in the quantity of the alvine discharges, and quite a perceptible change in the color of the *fæcal* matter. Then discontinue the latter powders, and use the former ones, in doses proportioned to the state of the case, until the cure is completed. Injections of strong tea of blackberry root or dewberry root with flour of slippery elm and charcoal should be frequently used through the whole progress of the disease.

Within the last six years, I have used “Benedict’s cholera mixture,” instead of the burnt brandy, with excellent success. This remedy is formed by combining a strong decoction of spotted geranium, dewberry roots, witchhazel leaves, and redbud roots, with loaf sugar, French brandy, compound tincture of myrrh, and sugar-house molasses. This combination is the efficient remedy, in bowel complaints, that I have ever used. A table-spoonful of this mixture, with a tea-spoonful of the first mentioned powders, rarely, very rarely fails to perform a radical cure, when taken in the incipient stage of the disease. Opiates should be resolutely avoided, in every stage of this disease, except when the nervous irritability has become so great as to prevent the salutary action of antacid-astringents; and then they should be administered with a careful and a sparing hand.

If the preceding theory is true, what shall we say of those physicians who administer irritating drugs, first, last, midst, and continually,—thus rendering an already irritated surface more irritable, until exhausted nature yields, and death closes the scene? What can we say, but “Father forgive them, for they know not what they do?”

I am happy to inform the friends of medical reform, that the course is steadily onward, though the velocity is not so great as

our sanguine wishes would desire. We need young and qualified practitioners in this vicinity, and hope that some of your young graduates will leave the frigid North, and come to these more sunny climes, to aid us in rolling on the car of medical truth.

Bloomington, Ind., Aug. 31, 1852.

REMARKS ON THE TREATMENT OF THE SUPPURATIVE STAGE OF BURNS BY UNGUENTUM GALLÆ.

The large ulcers remaining after very severe, and more particularly, extensive burns, frequently prove tiresome and difficult to heal; but I think they are often more so than they need be from the application of unguents, &c., not calculated to work a *speedy* cure, as the more rapid the cures the less likelihood is there of there remaining unsightly and hideous cicatrices, and other malformations witnessed occasionally after these accidents. I have seen very many of these cases of severe burns in colliery practice, produced by the explosion of gases in coal mines, and every practitioner acquainted with like cases knows how extensive they sometimes and most frequently are, and ulcers are not uncommonly resulting of even square feet in size, and I have seen the whole surface of the back completely denuded, and a large suppurating surface remaining; and I have seen it heal without the least cicatrix whatever by the remedy I wish to draw your attention to. I put no faith whatever in the application of unguents containing preparations of chalk, zinc, *magnesia*, calamine, &c. I think the principle of their application wrong. The best remedy after the suppurative stage is thoroughly established is an ointment made of *Pulvis Gallæ*, dr. j.; *adips*, oz. j. With this the formation of new skin takes place rapidly, and ulcers of very large size I have seen quite healed in a few days. I am not prepared to explain in what way this application succeeds so well, but I mention the fact, that others may adopt it, and I am quite sure it will never be laid aside for another remedy at the particular juncture for which it is recommended. No doubt it has a chemical action upon the secretion of the granulations, which leads to so speedy a formation of new skin. I have also used tannin and gallic acid, with similar results; but as a general rule I prefer the gall ointment alluded to above. Particular care should be taken in not using powdered galls that look full of black specks. That I think, is adulterated with pepper, as it proves too stimulating; but if pure, it is cooling and agreeable, and in every case, (and I have seen it applied in hundreds,) I have realized a happy result.—*Provincial Medical and Surgical Journal.*

ON THE TREATMENT OF VARIX.

BY HENRY T. CHAPMAN, F.R.C.S.

THE frequent co-existence of a varicose state of the veins of the limb with ulcers on the leg, and the greater difficulty of effecting their permanent cure when thus complicated, have led surgeons to regard varix as a distinct cause of the peculiar intractability manifested by these cases, and to describe them as a distinct class, under the name of "Varicose ulcers."

Although not disposed to go so far as Mr. Skey, who doubts whether a varicose enlargement of the veins offers any impediment to the circulation in the capillaries, and calls in question the influence of this complication upon ulcers of the leg, inasmuch as "ulcers frequently exist without varix, and varix without ulcer, and both these forms of disease occur more frequently alone than do the two conjointly," it seems to me incorrect to look upon it as a distinct source of intractability, and I have spoken of it, accordingly, as simply an aggravation of the ordinary cause of that indolence which characterises ulcers in this locality—that is to say, an impediment to free circulation in the capillaries, arising from the gravitation of the blood in the veins, during the dependent posture of the limb.

As a malady which certainly contributes to the refractory nature of these cases, and materially affects the permanence of the cure,—and which, independently of its bearing upon ulcers, proves a source of considerable inconvenience, not unattended with danger, on account of the hæmorrhage occasionally resulting from it,—varix has at all times attracted much of the surgeon's notice, and various operations have been suggested for its removal.

This has been attempted by the ligature of the vena saphena, or any other venous trunk; by incisions in the longitudinal direction of the enlarged vein, and filling the wound with *charpie*, to produce suppuration, and its entire obliteration, practised by Richerand, at the Hopital St. Louis; and by simple division of the trunk, or of several branches, of varicose vein; all of which proceedings are attended by more or less risk of phlebitis, and inflammation of the cellular tissue.

With the view of diminishing this danger as much as possible, Sir B. Brodie, some years ago, proposed the subcutaneous division of the venous trunk, by means of a narrow bistoury, the blade of which could be passed between the vein and the skin, by a mere puncture of the latter; then, by turning its edge towards the vein, and raising the handle, section is accomplished as the blade is withdrawn.

His subsequent experience, however, does not appear to have strengthened Sir B. Brodie's confidence even in this cautious mode of operating; since, in his Lectures on Pathology and

Surgery, published in 1846, when speaking of the ligature and division of veins, he discountenances all dangerous operations for the relief of varix, and expresses great doubt of the permanency of the cure by either of these methods.

Messrs. Velpeau* and Jobert have advocated the treatment of varix by the insertion of pins transversely behind the veins, which are then closed by twisting a thread round the head and point of the pin, as in forming the twisted suture. Dr. Fricke, of Hamburg, simplified this practice by merely transfixing the venous trunk, and leaving the pin in the vein, to excite adhesive inflammation.

M. Davat† plunged the pin into the middle of the vein carried the point longitudinally behind it, and brought it out lower down, thus transfixing the coats of the vein twice: a thread was then coiled round the head and point of the pin as in the twisted suture.

M. Mayor, of Lausanne, adopted the principle of Fricke's operation; but instead of using a single pin, traversed the vein with a number of threads, passing as many as possible through each varix. He acknowledges that, although he effected some cures by this proceeding, his success was by no means so striking as he had been led to anticipate from the perusal of the monograph of M. Davat on the subject.

In the "*Archives Generales*," for May and June, 1839,‡ M. Bonnet, first surgeon to the Hotel Dieu of Lyons, has given a comparative view of the merits of the treatment by pins, by caustic potass, and by the combination of these means.

M. Bonnet found that, in the majority of cases treated by pins, when he had an opportunity of watching the ultimate result, the obliteration was not permanent. Relapses occurred after a longer or shorter period, (from two to six months,) even where the veins had been most acutely inflamed, and when the cure appeared to be complete.

M. Bonnet afterwards tried a combination of the treatment by pins and that by caustic, introducing pins at intervals, and cauterizing between them; but finding this method too complex, and the obliteration by caustic more permanent than that by the pins, he abandoned the latter altogether, and employed the caustic alone.

* In reply to those who contend that varix is not a disease sufficiently serious or dangerous to justify a recourse to operations which entail any amount of risk, M. Velpeau affirms that it is not correct to say that danger never occurs from varix; and he proceeds to cite numerous instances on record, and from his own experience, in which death ensued from the rupture of varicose tumors.—*Medecine Operatoire, Des Varices.*

† *Sur le Traitement Curatif des Varices.* 1836.

‡ *Brit. and For. Medical Review*, vol. ix. 1840; where the reader will find a full notice of this Memoire.

The rules laid down by M. Bonnet for the treatment of varix by the caustic potass are:—

1. It is necessary to apply several morsels in the course of the vein, and at a distance of three or four inches from each other.

2. The potass should only be applied to the veins at such points as they correspond to the muscle. Other situations are unfavorable to cicatrization, and if cicatrization takes place, the ulcers are readily renewed.

3. It is necessary to apply the caustic at least twice, in order to reach the vein.

The superiority of this treatment consists, first, in the permanence of the cure; perfect obliteration having been produced in fourteen cases. In one of these, no relapse had occurred at the end of fourteen months; in another, after several years. Also, in the circumstance that it does not expose the patient to the risk of phlebitis; cauterization limiting all inflammations which are disposed to extend; and, thirdly, the revulsion caused by the artificial ulcer hastens the cicatrization of ulcers on the leg which existed previously.

On the other hand, the veins being opened by the caustic potass, its application renders hemorrhage probable; but this may be easily avoided by rest, or restrained by a bandage, if it should occur. It is necessary to keep the patient in bed for a month, this time being required for the separation of the eschars, and for the cessation of the pain which remains for some time afterwards in the deep ulcerations. And, finally, these ulcerations are very slow in cicatrizing.

The cases in which M. Bonnet thinks the cure should be attempted, are—

1. Whenever varices ulcerate, and give rise to hemorrhage; and

2. When they exist with ulcers so extensive as to require rest of six weeks, two months, or upwards.

No attempt should be made by caustic, or by any other means, when *both* the saphena veins are dilated. The obliteration of one will produce a greater dilatation of the other; or varices of other veins, scarcely visible before, will become more voluminous.

Advanced age, and thickness of the coats of the veins, sufficient to render their approximation difficult, even with the pressure of the finger, are likewise circumstances which militate against the probability of success by caustic potass.

Mr. Skey* has brought forward evidence in favor of the treatment by caustic, but proposes to accomplish the obliteration of the veins by numerous very small eschars effected over each varix,

*Medical Gazette for Aug. 1846. Communications on the same subject, by Mr. Clay, of Manchester, appeared in the Lancet for Aug. 1840, and May,

by means of the Pate de Vienne, a compound of nearly equal parts of caustic potass and quicklime, formed into a paste by alcohol. Mr. Skey has employed this method successfully in between thirty and forty cases; he acknowledges, however, that small as were the eschars practised by him, very tedious ulcers sometimes resulted, from them, requiring three or four months for their cure.

Since the possibility of coagulating the blood circulating in an aneurismal sac, by the medium of galvanism, has been established, the same principle has been extended, by Italian surgeons, to the cure of this disease of the vascular system.

The earliest recorded instance of this treatment appeared in the "*Gazzetta Medica di Milano*," for August, 1846.* The success which had attended the treatment of aneurism at Milan and other Italian towns, by galvano-puncture, induced Bertani to make trial of it in varix.

The first operation, upon a very aggravated case of the disease, entirely realised his expectations, and produced firm coagula in those veins to which the needles were applied; but as the patient quitted the hospital without giving M. Bertani an opportunity of completing the cure, I shall pass on to a case reported by M. Milani, of Varese.

A miller, in good health, was received into the hospital at Varese with considerable enlargement of the trunk of the vena saphena above the knee, and ten knotty dilatations, varying in bulk from the size of a bean to that of a nut, below the knee. The pain and weakness of the limb were so great that he had been obliged to give up his occupation.

August 3, 1846. M. Milani, having bandaged the leg above and below the spot chosen for the operation, inserted two steel needles into one of the dilated knots, and brought them into communication by means of copper wires, silvered, with the two poles of a voltaic battery of twenty-six pair of plates, two and a-half inches in diameter. At first the patient suffered a slight shock: afterwards, merely a sensation of burning. The needles were left in the vein for twelve minutes, when a hard clot had formed around that in communication with the zinc or negative pole. Cold water and vinegar were applied to the part.

August 4. Needles were introduced into the saphena above the knee, and into the varicose enlargements below. A battery of twenty-six pair of plates was connected with the upper needles, (Dr Milani tried one of thirty-one plates, but the patient could not bear it;) another of twenty-four plates, with the needles inserted below the knee. Hard clots were produced in the veins of the leg and in the saphena, blocking up the latter for two or three inches.

*Noticed in Dr. Ranking's Abstract of the Medical Sciences, vol. v.

Subsequent operations upon the remaining varices proved equally successful. In one instance the needles were inserted each in a separate dilatation; in eight minutes a coagulum had formed round the negative needle while the blood continued fluid round that connected with the positive pole; the needles were reversed, and, in seven minutes, the blood which had remained fluid was converted into a firm clot. The needle in connection with the copper pole of the battery had become oxidised in this experiment; in all the previous insertions, that in communication with the zinc had alone suffered.

In ten days, all the varicose dilatations had disappeared. Although the points of the two needles were never in contact, and they were covered with a varnish of gum lac which left only their points bare, a slight areola of cauterization had taken place round each puncture, the extent of which was greater round the negative pole.

In a second patient, still under treatment, a tumor as large as a goose's egg near the internal malleolus of the left leg filled with coagula under two applications, and diminished two-thirds in volume.

From the "*Bulletino delle Scienze Mediche*," for December 1846, the following observation by M. Gamberini, is extracted, and published in the "*Gazette Medicale*," for July 10, 1847. It is interesting, as a proof of the necessity of covering the needles with some isolating varnish, in order to diminish the violence of their action upon the perforated integument, and the inconvenient degree of oxidation to which their points, deprived of protection, are liable.

The case was one of long-existing varices in the left leg, which rendered walking difficult.

November 24. After applying a bandage to arrest the circulation in the veins, in the same manner as for venesection, four steel needles (not coated by varnish) were plunged crosswise into the chief varicose trunk, care being taken to prevent their points meeting. Communication was established between two of the needles and the poles of a battery of twenty-four pair of plates, two inches in diameter. The pain was so severe that it became necessary to suspend the process. On making a second trial, the pain was less severe, and the operation proceeded. Round the needle in connection with the negative pole a pale yellow areola rapidly appeared, changing soon into a vesication, which burst before the needle was withdrawn. M. Gamberini attempted to attach the two other needles to the poles of a second battery: but so much pain was caused by it, that he was obliged to desist.—Coagula having formed, the positive needle was withdrawn without difficulty; but considerable force was required to bring away that in connection with the negative pole, and a few drops of black blood flowed from the orifice left by it; the point of the nee-

dle was found to be completely destroyed by oxidation. The operation was followed by slight fever, and the next morning the puncture was converted into a small ulcer. The vein acted upon was entirely obliterated.

M. Gamberini afterwards operated on the remaining varices, employing first five, then thirteen pair of plates; they occasioned no pain, merely a sensation of weight. In twenty-five minutes the cavities were obliterated, and no reaction whatever followed.

Numerous other successful examples of the treatment of varix by galvano-puncture occur in various Italian journals for the last months of 1846, and the beginning of the year 1847, and none of them attended by phlebitis, or any of the evils so often accompanying the ligature or section of varicose trunks. Whether the cure is more permanent than by other modes of obliteration, remains still to be established, since no direct evidence has yet been adduced upon this point. In the "*Annali Universali di Medicina*," for January, 1847, are a series of conclusions, arrived at by a commission of inquiry into the general effects of galvano-puncture, proposed by Dr. Calderini, from which I select the following, bearing upon this subject.

Galvanism is a mode of producing a solid obstructing clot without cauterization of the arterial (or venous) tunic, and without producing any secondary effects on the system, if we operate by a continued current. Dr. Restelli prefers a pile of many pairs of small plates; the coagulating power is thus increased, whilst the quantity of caloric evolved is diminished. The same gentleman also insists upon the poles not being reversed, (as practised by M. Milani,) since he argues, if the clot be formed by the acid engaged at the negative pole, the alkali, afterwards set free by the positive needle, may re-dissolve it. M. Restelli further recommends the needle in correspondence with the negative pole to be introduced in direct opposition to the blood's current, as its flow will thus be checked, and coagulation accomplished more speedily. To this I may add, that the greater violence of the effects produced in M. Gamberini's first attempt, by a larger volume of galvanic influence, and the gentle but sure action of the smaller battery in his subsequent operations, appear to indicate that the slower coagulation of the blood, by the exertion of a lower degree of galvanic power, will prove equally efficient, and be attended by much less irritation and inconvenience.

The greater or less degree of danger attending operations upon varicose veins by the knife and by ligature,—of which latter proceeding the employment of needles and the twisted suture can only be regarded as a modification,—and the probability, I might almost say the certainty, of the return of the disease when thus treated, must alone be sufficient grounds for abandoning altogether these modes of attempting the cure of varix.

The smaller amount of risk which appears to be incurred and

the greater durability of the cure, under the treatment by caustic, especially the milder application of this remedy, advocated by Mr. Skey and others, would ensure it the preference, notwithstanding the inconveniences following its use, were it not for the promise of an equal measure of success without the drawbacks attending it, held out by the adaptation of galvano-puncture to the treatment of this malady. The fact of the perfect obliteration of the venous trunks by this influence cannot be questioned: the pain produced by it, when properly regulated, is as slight as that occasioned by the application of the *pate de Vienne*; the risk of inflammation does not appear to be greater, the time required for the completion of the cure very much shorter, than that by caustic; and those sequelæ of the latter mode of treatment—the creation of artificial ulcers, which often prove extremely obstinate—are avoided altogether. In short, the only thing which seems wanting to establish the superiority of galvano-puncture over all other methods of treating varix, is satisfactory proof of the permanence of the effects produced by it.

ON GELSEMINUM SEMPERVIRENS OR YELLOW JASSAMIN.

BY WILLIAM PROCTOR, JR.

Considerable attention has recently been turned to the Yellow Jassamin of our Southern States, from the accidental discovery of certain remarkable effects produced by it when taken internally. A planter of Mississippi having suffered much from a tedious attack of bilious fever, which resisted the usual medicines employed in such cases, requested one of his servants to obtain from the garden a certain root, from which he intended to prepare an infusion for drinking. By mistake, the person sent collected a different root, and administered the tea to his master, who, soon after taking it, was seized with a complete loss of muscular power, being, in fact, so completely prostrated as to be unable to move a limb or to raise the eye-lids, yet he could hear and could appreciate what was occurring around him.

After some hours, during which his friends were watching him with much anxiety and little hope, he gradually recovered his muscular control, and was astonished to find that the fever had left him. Having ascertained from his servant what plant he had collected, he subsequently employed it successfully on his own plantation as well as among his neighbors. The history becoming known to a quackish physician, he prepared from it a nostrum called the "Electrical Febrifuge," in which it

was disguised by oil of winter-green. (Eclectic Dispensatory, page 186.)

The *Gelsemium* is not noticed by Dr. Griffith in his medical Botany, nor in the recent edition of the United States Dispensatory, and so far appears to have been used chiefly by the "Eclectic" practitioners of Cincinnati and other parts of the Western States. The accompanying description of the plant is taken partly from a specimen sent from Memphis, Tennessee, where, in common with other parts of the south-western states, it is cultivated as an ornamental garden plant.

The *Gelsemium* belongs to the natural order Apocynææ, so remarkable for the great activity of many of its genera, and the name of the genus, given by Jussieu, is one of the ancient names of the jessamine, and that of the species arises from its evergreen foliage.

GELSEMIUM belongs to Pentandria Digynia of Linnaeus, and to the natural order Apocynææ of Jussieu.

Generic Characters.—Regular, calyx five parted, (the sepals of this species being furnished with bract-like appendages) corolla funnel-form, border spreading, five lobed, nearly equal, capsule compressed, flat, two partite, two-celled, seeds flat and attached to the margins of the valves, (Eaton.)

Specific characters.—The *G. sempervirens* is known at the South under the names *yellow jasmine*, *wild jasmine* and *woodbine*. In Florida it flowers in March, and in Mississippi and Tennessee in May and June. Its stem is twining, smooth and glabrous; its leaves are opposite, perennial, lanceolate, entire, dark green above, paler beneath; with short petioles. The flowers, which are esteemed poisonous, are yellow, about an inch long and half an inch wide at the top, of a fine yellow color, and have an agreeable odor, which perfumes the air when they bloom. It grows luxuriantly, climbing from tree to tree, forming a delightful shade. According to Eaton, from whose botany we glean part of the above botanical notice, there is a variety called *modorum* which has scentless flowers.

The *Gelsemium* is indigenous to the Southern States, and its beauty has caused its introduction into the gardens.

Medical properties and uses.—The root is the part used, and the tincture is the preparation most usually employed, and, as made, must be a saturated tincture. The roots, in a green state, well bruised, are introduced into a suitable vessel, and covered with *whiskey* or diluted alcohol. After standing two weeks, the tincture is separated by expression and filtered. It has a dark red color, and a pleasant bitter taste. The dose is from ten to fifty drops. The following account of its medical properties and affects is taken from a paper in the "Eclectic Medical Journal," August 1852, page 353, by F. D. Hill, of Cincinnati:

"Gelseminum is stimulant, tonic, and anti-spasmodic. By its relaxing effect it produces gentle diaphoresis, and is said to be narcotic. Its effect in large doses, or doses too frequently repeated, is extreme relaxation, and general prostration of the whole muscular and nervous system. It will suspend and hold in check muscular irritability and nervous excitement with more force and power than any known remedy. It is of a pleasant bitter taste, and performs its wonder-working cures, in all febrile diseases, without exciting either nausea, vomiting, or purging. When enough has been given to produce its specific effect, the eye is dimmed, the vision clouded and double, the head light and dizzy. When these effects follow the administration of this remedy, no more should be given until the patient has entirely recovered from its influence. It may be used in all species of fevers, nervous and bilious headache, colds, pneumonia, hemorrhages, leucorrhœa, chorea, ague-cake, asthma, and many other diseases; but its efficacy has been most admired in all forms and grades of fevers. It should always be used with great care and caution. The root is said to possess a resinous principle, which, when extracted by pure alcohol, will produce death in very small doses. But no such effect need be expected from the proper dose of the common tincture. There is danger of carrying it to such an extent as to suspend involuntary muscular action, and when this is the case, death must ensue. It is incompatible with no known substance, and may follow any preceding treatment with perfect safety. The dose is forty drops for an adult, and children in proportion to age and temperament. It is given either with or without quinine. It has been used alone for chronic rheumatism, in doses of forty drops, three times a day, with marked effects. Three or four doses, with a mild cathartic, will remove the redness and swelling attending inflamed sore eyes. Special attention should be directed to the general health and constitution of the patient before giving gelseminum. If the bowels be constipated they should be moved by a gentle aperient, and kept in a relaxed condition. It requires double the quantity to produce the effect on some than it does on others; and should the practitioner ever produce too great a degree of relaxation, he should lose no time in stimulating and toning up his patient."

The alleged effects of this plant on the human system, taken in connection with its medico-botanical relations, mark it out as being probably one of the most valuable of our indigenous remedial agents, and render it well worthy of the investigation of regular physicians.—*American Journal of Pharmacy.*

CASE OF DISSECTION WOUND, FOLLOWED BY GREAT CONSTITUTIONAL DISTURBANCE, AND DEATH ON THE EIGHTH DAY.

BY W. D. PURPLE, M.D., OF GREENE, NEW YORK.

[The death of Dr. G. L. Spencer will have been noticed under the obituary head of our last number, and, from the character of the disease that terminated his professional career, is well worthy of a more extended notice. We take the liberty, therefore, of submitting the following extract from a letter to the Editor, from W. D. Purple, M. D. of Greene, who was a neighbor of Dr. S., and visited him during his last illness.—*N. Y. Med. Jour.*

"On Thursday, the 10th of June, Dr. Spencer performed a post-mortem operation on the body of Mrs. Rich, who had been in feeble health with disease of the lungs for some months. About ten days previous to her death, more active symptoms confined her to her bed. Her symptoms before death, and ocular demonstration after, evinced extensive disease of both lobes of the lungs, and inflammation of the serous membrane. The cavities of the chest and abdomen were filled with a sero-purulent fluid, and a diffuse cellular inflammation was apparent. There was no erysipelatous affection of the skin, nor any other symptoms or appearances that do not appear in such diseases in our most respectable families.

"The autopsy was performed twenty-four hours after death; and while in the act of closing the first incision with a needle, he slightly pricked his thumb on the left hand. It was very slight, did not bleed, and on examining it nothing could be seen nor felt, and he came to the conclusion that it might have been merely imaginary, and nothing further was thought of the matter, until about twenty-four hours after, he discovered a slight irritation at the place. He continued in active labor during the day, and towards evening was taken with a chill, with a sense of soreness over the whole body. The thumb became painful, and a reddish pustule of three or four lines in diameter appeared; dyspnoea soon supervened; this was accompanied by a depressed typhoid pulse, headache, and nausea. On Saturday, an erysipelatous redness, with great tenderness presented itself below the axilla on the left side, and after two days it had extended to the groin. The difficult breathing and the pustule had entirely subsided on Sunday. The hand and arm were entirely free from pain, and only a scabous surface was left upon the thumb. On Monday, the right foot and ankle assumed a reddish flush, and became painful. On Tuesday the pain had subsided, and the nervous system became entirely under the control of the animal poison; stupor succeeded, and he could with difficulty be aroused to consciousness. On the eighth day after the wound he expired. It is proper to observe that there was no evidence of diseased lymphatics of the arm, nor was there any enlargement or tenderness of the glands of the axilla or groin.

"The treatment he received was such as authority recommends. The poison had been generally diffused throughout the system before it attracted attention. The external application of nit. of silver and tr. of iodine, with alteratives and stimulants internally, were freely resorted to. Anodynes to allay the irritation of the nervous system were not neglected. But all in vain.—Death had marked him as his victim, and with an unerring shaft.

"The death of this excellent co-laborer in the field, and in such a manner, has filled the profession with the most profound regret.

It has awakened an anxiety to know, if it can be known, what they have escaped, and under what circumstances they are exposed; although we have not neglected our duty in the search of pathologic science, but have embraced every opportunity for post-mortem examinations; yet this is the first instance that has fallen under my observation where injury has resulted from a "dissection wound." I hope you or some of your correspondents who have access to extensive libraries, will enlighten us on this subject, and state what diseases are most liable to generate this species of animal poison; at what period after death it is the most virulent; what are preventives and the best means of cure? what proportion prove fatal? with other statistic information in relation to this disease."

ABDOMINAL TUMORS DURING PREGNANCY.

BY M. MORISSEAU.

On two occasions, Dr. Morisseau writes, I have had an opportunity of observing the result of abdominal tumors during pregnancy. More recent facts have awakened my recollection, and fixed my attention.

A woman, aged 28, married for eight months, had become pregnant four months after marriage. For several years she had a swelling on the right side of the abdomen. It was painless and movable, offering no impediment to the functions of the abdomen; but it now became adherent and painful. In the seventh month, the woman died of marasmus. For a month before her death, she had had purulent alvine evacuations; but the size of the tumor appeared very slightly diminished. The tumor was found to be filled with pus, to be adherent to the mesentery, and to have an opening into the ascending colon. The fœtus was in a state of putrefaction.

A woman, aged 30, who had had two children, became pregnant for the third time. After the second pregnancy, she had what she described as a ball in her abdomen. This tumor went on growing with the product of conception; and, in the fifth month, became so painful as to render motion insupportable.—After suffering extremely for four months, in a state of marasmus, she was delivered of a small, living, skeleton-like child. Both mother and infant died in a few hours after. Towards the eighth month of pregnancy, I perceived a tumor of the size of the head of a fœtus at full term, seated in the right flank, and distinct from the uterine tumor. At the autopsy, the peritoneum was found to contain a large quantity of sero-purulent fluid, with albuminous flocculi floating in it. The small intestines were mottled and friable. Above the right ovary, the tumor raised the

intestines, and was adherent to them by the whole of its anterior surface. It was divided into cells, which, for the most part, did not communicate; and was filled with a large quantity of very fetid greenish pus. The base was at the mesentery. The uterus appeared healthy.

Some time ago I was consulted in the case of a woman, aged 24 or 25 years, who had been married some months, to determine whether she could, without danger, become pregnant. She had for some years had an enlargement in the abdomen. The tumor was of the size of a large orange, painless, and could easily be moved from the right side, its ordinary position, to the left. I expressed my opinion that pregnancy would be attended with severe accidents; but different advice was given by another *confrere*, and the patient became pregnant. A month after conception, the tumor became painful, and larger. Towards the end of the second month, the patient was obliged to remain in bed; not the least pressure could be borne; obstinate vomiting and colic set in; and, for ten days, the patient was in a most precarious state. On the seventieth day of pregnancy she expelled the fœtus. For a month she remained dangerously ill, but at length became slowly convalescent, the tumor remaining large and tender.

These facts are worthy of attention. Pregnancy necessitates increased activity of circulation in the uterus and in the neighboring parts. When the uterus is developed, it impedes the flow of blood, as is proved by œdema, and varices in the lower extremities. In the abdomen, too, there is a plethoric state of the organs; hence, if a ganglion is already hypertrophied, or there be a tumor of any kind in the abdominal cavity, it will be liable to become enlarged.

Is it, then, prudent to advise marriage to a female who has a tumor in the abdomen? I have not hesitated, and would not hesitate, to reply in the negative.—*London Journal of Medicine.*

ESTIMATION OF THE QUANTITIES OF FREE ACIDS IN THE JUICES OF FRUITS. By M. GRÆGER.—The juices under examination are mixed with neutral tartrate of potash, and the amount of free acids calculated from the quantity of nitrate of potash which separates. To determine the amount of free tartaric acid in a juice, a second portion is divided into two equal parts; the one is neutralized with potash, and the other half of the juice now added, and the amount of acid calculated from the quantity of precipitated bitartrate of potash.—*London Chem. Gaz.*

TREATMENT OF ALBUGO BY GALVANISM.

Having seen in some journal that in Russia and Sweden albugo in the horse had been removed by aid of galvanism, M. Turck adopted the method in the human subject with the effect, he assures us, of greatly diminishing the capacity of the cornea. The case was that of a young girl, aged 13, who had been the subject of a scrofulous keratitis, which left albugo of each cornea. That on the left side was not central, so that the child was able to see imperfectly; on the other eye it was so universal as to render her perfectly blind. She was considered incurable and had abandoned all treatment, when she came under the author's care for another affection, and he then determined to experiment with the galvanic battery.

He, accordingly, having set in action a battery of appropriate power, placed the zinc probe in the mouth, while with the copper or negative pole he lightly touched the cornea. The immediate effects were vertigo, nausea, and violent arterial pulsations, but these were soon subdued by a counter application of electricity to the lower extremities. The treatment was persevered in for forty days, with the result of considerably diminishing the opacity in both eyes, so that she was able to read with that eye which had been blind for more than ten years, while the other, though not cured, was so far benefited that the patient was able to follow her occupation of sewing.

M. Turck further says, that he has seen albugo in the horse removed in this way in two minutes.—*Provincial Medical and Surgical Journal.*

KILLED BY A LEECH.

We understand that a man by the name of Garnett, residing in Greene county, having attended a special election recently held in that county, started for home, which was some distance off, about dark. On coming to a branch, being very thirsty, he dismounted and drank. He had not gone far before he commenced feeling a ticklish sensation in his stomach, and on his arrival at home was quite unwell. Getting worse, a physician was called in, to whom he stated that he was confident he had swallowed something while he was drinking from the branch which produced his sickness. After trying several remedies, a powerful emetic was administered, when a live leech was thrown up, which the unfortunate man had evidently swallowed at the branch above mentioned, it having remained alive in his stomach for several days. Although relieved of the leech he died in a day or two afterwards from the injury which it had produced.—(*Va.*) *Jeffersonian.*

BLOOD CHANGES IN DISEASE.

A recent elaborate memoir on diseases of the blood, presented to the Academy of Sciences by MM. Becquerel and Rodier, winds up with the following conclusions :—

1. In most chronic diseases, or in consequence of various hygienic influences, the three principal elements of the blood,—viz., the red particles, the fibrin, and the albumen, may diminish or augment in quantity, separately or conjointly.

2. The red particles diminish in most prolonged chronic diseases, especially in organic diseases of the heart, in Bright's disease, chlorosis, paludal cachexia, hæmorrhages, the last period of tuberculosis, the cancerous diathesis, the globules diminish also when the individual has been insufficiently nourished, or has been exposed to bad hygienic conditions, such as insufficiency of air, want of light, or to humidity.

3. The albumen diminishes in the last stage of heart diseases, great symptomatic anæmia, cancerous diathesis, and when the nourishment is insufficient.

4. The fibrin remains normal, or is sometimes augmented in acute scurvy. In chronic scurvy, and in the symptomatic scorbutic state which attends some chronic maladies, especially in organic diseases of the heart, it diminishes.

5. In all the above cited cases the water of the blood increases in amount.

6. The diminution of globules is shown especially by decoloration of the skin, palpitations, dyspnœa, systolic murmur at the base of the heart, arterial and venous murmurs.

7. The diminution of albumen produces dropsy; speaking generally, dropsy is the symptom of diminution of albumen.

8. The diminution of fibrin shows itself by cutaneous and mucous hæmorrhages.

9. In the symptomatic anæmia of great hæmorrhages, of bad nourishment, and of too great catamenial flow, the specific gravity of the blood diminishes, the water augments, the blood globules diminish, the albumen remains normal or slightly diminishes; the fibrin remains the same.

10. In chlorosis, which is an entirely different disease from anæmia, the blood may be completely normal. When any changes occur, they are in the augmentation of the water, the diminution of the red particles, and the conservation of its normal figure or the augmentation of the fibrin.

11. In acute Bright's disease, the fibrin remains the same, the albumen diminishes; in chronic Bright's disease, the globules and albumen diminish; the fibrin remains normal or diminishes.

12. Most dropsies, called essential, are due to a diminution of the albumen.

13. In heart disease, the blood deteriorates more and more as

the disease advances. The changes consist in simultaneous diminution of the red globules, albumen, and fibrin.

14. In acute scurvy, the blood is not altered; in chronic scurvy, the fibrin is diminished, and the globules augmented.

15. Quinine and generous diet is the best treatment for diminution of the albumen; vegetable acids and good diet for diminution of the fibrin; iron for the diminution of the red particles.—*L'Union Medicale.*

CONDITION OF THE BLOOD IN STARVING ANIMALS.

Some experiments have been lately made on this point by Magendie, which are opposed to those already on record. A white mare, aged nine, glandered, was deprived of solid food, and allowed only six litres of water every twenty-four hours. The animal was bled on the 6th, 8th, 15th, and 17th days. Death occurred on the 24th day. Four analyses were made of the blood:

	1st Bleeding.	2nd Bleeding.	3rd [leeding.	4th Bleeding.
Water	821-67	808-80	802-92	755-21
Solids	178-33	191-20	197-08	244-79
	<u>1000 00</u>	<u>1000-00</u>	<u>1000-00</u>	<u>1000-00</u>
The solids were				
Albumen and Salts	87-62	102-46	92-76	76-81
Globules	86-96	86-51	96-61	161-89
Fibrin	3-45	2-23	6-91	6-09
	<u>178-33</u>	<u>191-20</u>	<u>197-08</u>	<u>244-79</u>

On these analyses M. Magendie remarks—

“How is it conceivable that after an absence so prolonged, there should be as much albumen in the blood, as in horses well nourished. The condition of the globules is still more surprising; in fact, from the figure 86 in the first analyses, they finish by reaching 161. Abstinence did not, then, diminish the globules; and, examined microscopically, they showed nothing unusual. The fibrin, also,—that element of the blood *par excellence*, was maintained at a figure more elevated than among horses in general. The water—a circumstance still more extraordinary—was at its lowest point in the animal, which was allowed to receive nothing but water.”

M. Magendie then alludes to the probability that there was alteration in the quality of the albumen and the fibrin. In proof of this it was found, that two days before death, the blood did not coagulate; and after death it was found to be acid instead of alkaline.

In a second experiment, a little dog was fed on lard; it refused it after five days, and died on the twenty-second day. During this time the dog lost 81 per cent of weight. After death the blood was found to be in small quantity, partially coagulated, bluish-red in color, and alkaline. The red particles were visible under the microscope; the liver was excessively fatty; it contained no sugar. In reference to this experiment, M. Magendie made a singular statement. Dogs, when starved, or when fed on only one kind of aliment, such as fat, fibrin or gelatine, (which is the same as starvation,) die in about a month. If, however, in a fortnight after the commencement of the abstinence they are fed in the ordinary way, they eat the food, but are not nourished by it, and die in the usual time, as if they had not been fed at all. The aptitude for digestion and assimilation is thus lost after a certain length of time after deprivation from food.—*L'Union Med.*

WHO INVENTED URETHROTOMY ON A GROOVED STAFF AS A CURE FOR STRICTURE?

SIR,—In a lecture by Mr. Coulson; published in *The Lancet*, the credit of the operation of cutting stricture on a grooved staff is given to the older French surgeons, and a statement to the same effect had previously appeared in your columns. Mr. Syme claims this invention, and his friends are indignant with those who dispute the claim.

Now, there can be no doubt, judging from the passages quoted from Desault or Bichat, that one or more of the older French surgeons performed *boutonniere* on a grooved sound, for the relief of retention of urine, caused by stricture; and it can hardly be doubted that, when this operation was performed, it was performed, not only for the purpose of relieving the existing retention, but in order to prevent future retentions—in other words, to remove the stricture causing retention. The older French surgeons were not idiots; had the relief of the existing retention been their only object, they would have passed a catheter, instead of a grooved staff. The only difference between their proceeding and Mr. Syme's is this, that Mr. Syme does not wait for complete retention, but endeavors to obviate this and other dangers by the operation in question.

That Desault should condemn the proceeding, (although this, as Mr. Syme's advocates must know, has nothing to do with the point at issue,) is not wonderful. He only does that which is done by many surgeons at the present day, who think that when an instrument of any kind can be passed into the bladder, the stricture ought to be removed or relieved by other and safer means already in our possession.

If this revived operation be justifiable in less dangerous circumstances, Mr. Syme deserves credit for extending it to cases of stricture unconnected with retention. But in awarding credit under the condition mentioned, it would be unfair to the memory of Sir Charles Bell to neglect the share he had in this extension. Bell considered that he recommended a great improvement in recommending incision of the urethra in circumstances very similar to those which, in Mr. Syme's opinion, justify *his* operation. Bell, like Syme, did not wait for complete retention; and this he made the great distinction between his (Bell's) operation, and the operation of urethrotomy performed by Sir Astley Cooper, and erroneously supposed by him (Cooper) to be an original invention of his own. It is a curious fact,, that Bell's operation bore the same relation to Cooper's, that Syme's bears to the operation described by Desault.

I shall conclude these remarks by hazarding the opinion, that it is no proof (as some seem to suppose) of the badness of Mr. Syme's operation, that it is occasionally the cause of death; for what operation is not occasionally fatal? I believe, moreover, that the operation itself is capable of improvement; and that the cases in which it may become a question whether or not it should be performed, will become of very rare occurrence by improvement in other remedial means, or by the more general use of the best measures at present employed.—*London Lancet*.

ON VACCINATION FROM THE VACCINE ESCHAR.

SIR,—Several communications having recently appeared in your journal, on the subject of the preservation of vaccine lymph, which undoubtedly constitutes a great desideratum, under considerations of the varied circumstances of medical experience and remote locality, (as distance from towns, situation of colonies, &c.) I am induced to suppose, from the tenor of sentiment before me, that the present object is too much directed to the preservation of lymph in a fluid condition, and seemingly placing a negative upon other means, effectually adopted in times past, for the preservation of all the virtues of the lymph, the perpetuation of the characteristic phenomena of vaccination, the retention of these specific virtues for a lengthened period of time, and capability of transmitting these to distant countries. And as so much has been said on the means of preserving a fluid state of lymph, and such various expedients adopted for its conveyance and application, I feel convinced that the profession has in a great measure lost sight of, or otherwise never hitherto justly appreciated, the advantages, facilities, and virtues residing in the use of the spontaneously discharged *eschar* of vaccination.

I am led to arrest attention on this subject, from a conviction in my own mind, that matter in a state of moisture or fluidity, must ever have a tendency to undergo a more rapid change amidst its constituent particles, and thus tend to earlier decomposition, than matter in the state of a dry solid, and rendering the fluid lymph undoubtedly incomparable to the dry eschar in questions involving considerations of time.

Some twenty years since, when I held appointment under the Hudson's Bay Company, and possessed the sole medical charge of an extensive colony in the vicinity of Lake Winnipeg, in North America, it became a duty to pay attention to the subject of vaccination, alarm having been excited, and the remembrance of the devastating influence of small-pox of some former period, in the same locality, having reasonably enough afforded occasion. I made application to the metropolitan vaccine establishments, and year after year obtained the usual supplies; but so great the distance intervening, and loss of time in obtaining such supplies, that I was foiled through decomposition in each succeeding effort. At length, application was made to some institution in Canada, and I was supplied with a scab carefully wrapped up in tin-foil, but without any instruction or advice in its use; whereupon I made a vertical section through the centre, obtained thence a few fine shavings, rubbed these up upon glass with a drop of cold water, and applied the same as in the ordinary mode of vaccination. I was delighted with a successful result, and was thus enabled to keep up my supply, having repeatedly tested the means and the retained efficacy of the eschar for three and six months; and these, not only abroad, but also since my return to this country, not unfrequently adopting similar practice with full confidence in its safety, full satisfaction in the efficacy, and fullest assurance in such measure as constituting a *ne plus ultra* where time and distance present the difficulties sought to be surmounted.—*London Lancet*.

TREATMENT OF UNUNITED FRACTURE.

SIR,—In your number of *The Lancet*, p. 383, you conclude your article on ununited fracture by quoting a case treated by Dr. Mott of Philadelphia, by passing a silver wire through the ends of the bones after the points had been sawn off. A case of precisely a similar kind was published in *The Lancet* in 1850, and would have been an useful addition to your catalogue of cases, and strongly corroborative of the success of that mode of treating ununited fractures.

I think it may be questioned whether, in any cases, except where there is some constitutional taint, any kind of treatment is

likely to produce union which has not a tendency to destroy or remove intervening substances or abnormal attachments. Excision of the ends of the bones can scarcely fail of the latter effect. Absorption of any intervening substances will necessarily be promoted by any force sufficient, acting directly upon it, whether it be vertical pressure, as caused by Mr. Amesbury's apparatus, or lateral pressure, as affected by tight bandaging, or Dieffenbach's plan of the ivory pegs. The seton has the same tendency by inducing free suppuration, and would be likely to succeed should it penetrate or pass sufficiently near the substance. Chloride of zinc, as well as other kinds of highly destructive chemical agents, the successes of which are known to the profession, possess this common power in a marked degree.

As the above are many, if not most, of the means which have been found to succeed in such unfortunate cases, I beg to suggest to the profession for their consideration, the propriety of keeping in view that principle of treatment whenever such cases may present themselves. I should have said principles—viz., of removing intervening substances or abnormal attachments, if not both at the same time.—*London Lancet.*

ON THE THERAPEUTIC PROPERTIES OF ARNICA MONTANA.

BY M. MARTIN LAUZER.

Contusions, Ecchymosis, Sanguineous, Tumors, etc.—The efficacy of arnica in these affections was first discovered in Germany; and gained for it the name of *Fallkraut*, or *herba lapsorum*. It was formerly applied as a topical remedy; but at present it is more usual to trust to nature, and to employ rather camphorated spirits and saline lotions. It is not unreasonable, however, to give arnica internally after a fall, if the patient has, as often happens, undergone violent concussion amounting to stupor: but when reaction has set in, medicines of another class must be used.

Pulmonary Diseases.—Murray extols the power of arnica in a host of various diseases; and, in the first, place, we have pulmonary affections, of which the names have in the present day changed: such as pain in the side with dyspnoea, false pleurisy, humeral cough removing in the summer and autumn; cachectic and œdematous cough; asthma arising from sudden chill, with rheumatism of the chest and back; asthma following delivery, with alteration of the voice and pain in the nape of the neck; peripneumonia. The tonic and stimulant properties of the arnica would evidently be far from always serviceable in these diseases, some of which correspond to pneumonia and pleurisy,

others to catarrhs, or to convulsive coughs. But, according to Dr. Roques, the nauseating properties of arnica have several times triumphed over obstinate catarrhs. In these cases, the arnica should be combined with pectoral medicines, and its use must be persevered in for some time. Arnica is no less useful, according to the same author, in cases of pneumonia of an ataxic character. In these cases, the arnica is given with extract of cinchona; this combination excites the powers of the system, reanimates the action of the lungs, and favors expectoration.

M. Martin Lauzer remarks that M. Guirac gives large doses of tartar-emetic in chronic catarrh; and Professor Broussonet and Cruveilhier give large doses of ipecacuanha in the same affection and in the pneumonia of old persons; and suggests that arnica might produce similar effects, in such cases, to those of ipecacuanha.

Arnica has been recommended by various authors in inflammation of the liver with petechiæ, suppression of the menses or lochia, uterine hemorrhage, congestion of the spleen, nodosities of the breast, generally atony, hectic fever, atrophy, calculous nephritis, and contractions of organs.

Paralytic Affections.—The writers of the last century have chiefly pointed out the effects of arnica in cases of paralysis.—Juncker states, that he cured more paralyzed and contracted limbs with arnica alone, than with combinations of remedies.—Collin states, that he cured tremblings, convulsions, palsies, and other nervous affections. Under the influence of this remedy, the patients had pain in the eyes, creeping and ticklish sensations in the limbs, and a sense of heat; and these phenomena almost always were prognostic of benefit. These effects are precisely those produced by strychnine; hence arnica would be a succedaneum for this formidable agent; and why should it not be employed before having recourse to the preparations of nux vomica? Collin says that, in cerebral affections, arnica-indicated until the fever has ceased, or has diminished, and then nitre must be added to it. Kornbeck extols the arnica in mercurial paralysis: it would evidently be only useful in asthenic palsies, in whatever situation. Dr. Roger relates the case of a woman who, after fever, had a sense of weight and loss of power in the lower limbs. Under the use of powder of arnica flowers, she experienced creeping sensations and pain, followed by complete restoration of motion and sensation. According to Collin, Murray, and Conradi, arnica has also cured cases of asthenic amaurosis; but M. Martin Lauzer believes, with Schumucker, that it always fails in cases of amaurosis which have slowly gained their highest degree of intensity.

Spasms and convulsions: convulsive cough.—Arnica, according to Murray, has cured tremblings of the limbs or tongue, opisthotonos, convulsive movements of the head, and twitchings of the

limbs. If these affections are nervous, of asthenic origin, and consequently calling for the employment of tonics and stimulants, arnica may be of use.

Intermittent Fevers.—Collin, Stoll, Aaskow, Deiman, and Volterlen, praise arnica as a remedy in ague. Stoll was very successful in the treatment of a quartan, which resisted cinchona. He made an electuary with flowers of arnica and syrup of orange peel; and gave a piece as large as a nutmeg four times a day. This dose caused severe pain in the stomach, and cold clammy sweats, with a large, full, and very slow pulse; but opium calmed these symptoms, which, however, were the forerunners of a rapid cure of the fever.

Typhoid Fever.—It was in the treatment of this disease that arnica enjoyed its best days; but here its fame also suffered dire shipwreck, thanks to its abuse by the Brownians, who almost used it as a specific in continued fevers. Collin said that arnica, by its cardiac power, removes stupor, somnolence, and delirium, in putrid fevers, brings back the eruption of suppressed exanthemata, and resolves metastatic swellings. But Murray judiciously adds that, in order that the desired result may be produced, we must take account of the season and general conditions;—words full of justice, a reflection on which would have prevented the abuse of using a single remedy in a disease so variable in its form. Stoll, who introduced the use of arnica in putrid fevers, gave it only in those cases in which, the pulse remaining nearly quiet, the patient was feeble, stupefied, prostrate, in a state of somnolence, or of muttering delirium. Arnica is also particularly indicated where the pulse is small, weak, and fluttering, with torpor and prostration of the muscular system. Dr. Roques says that it should be used especially in the enervating diarrhoea, in the obstinate dysenteric flux which, in the third stage of typhus, threatens to entirely destroy the vital powers. Murray recommends it, combined with camphor, when gangrene has supervened on other adynamic symptoms.

In the campaigns of the empire, the good effects of arnica in the army-typhus have been observed and recorded. Dr. Cazin who used it successfully in the army hospitals during the campaign in Germany in 1809, has since that time frequently employed it in the adynamic stage of typhoid fevers, combining it with the roots of valerian angelica, which dilute its emetic and cardialgic properties.

Gout.—Barthez has recommended arnica in the treatment of gout. Dr. Roques was of opinion that the best treatment of gout is to torment the patient as little as possible with medicine.

Summary.—Arnica is an energetic excitant, which is far from meriting the oblivion into which it has fallen. Its tonic, excitant, and emetic action, allies it to ipecacuanha; and the nervous symptoms which it secondarily excites, give it some relation to the,

preparations of *nux vomica*. Gilbert considered it tonic and aperient in small doses; and in large doses emetic, purgative, diuretic, sordific, and emmenagogue. When given alone, it is liable to produce more or less severe pain in the stomach. This may be prevented or assuaged by combining the *arnica* with a small dose of opium or some aromatic, such as angelica, canella, or ginger. But if its nauseating effects be desired, it must be given alone.

Doses and Modes of Administration.—The infusion, according to the formulary of the hospitals of Paris, is made by infusing for an hour; a drachm of the flowers in a quart of water, and straining. The decoction is made with the same proportions: it is more powerful. The dose of the infusion may be as much as an ounce, sweetened with syrup.

The powdered flowers may be given in doses of from ten grains to three or four drachms, in electuary or bolus; this form is preferable in cases of paralysis. The powdered root may be given in the same manner.

The dose of the distilled water is from an ounce and a half to three ounces of the alcoholic tincture (one part of the root to eight of alcohol) from fifteen minims to five drachms; of the ethereal tincture (one part of flowers to four of ether) from fifteen minims to two and a half drachms; of the aqueous extract (one part to five of water) from seven grains to a drachm, in a draught or in pills; of the alcoholic extract (one part of flowers to eight of alcohol and one of water,) the same quantities.

For external use, the leaves and flowers may be used as a poultice; and the powder may be used as a sternutatory.

Compound infusion of arnica flowers. (Roques.)—Take of *arnica* flowers, valerian root, each two drachms; infuse them in a closed vessel with a half a pint of boiling water; then strain, and add, of peppermint water two ounces, simple syrup one ounce, ether a drachm, tincture of opium from fifteen to twenty drops; to be given by spoonfuls in the adynamic period of typhoid fevers.

Compound preparations of arnica.—The above-named preparations are advantageously combined with wine, cinchona, camphor, and valerian.

Compound powder of arnica root. (Roques.)—Take of *arnica* root in powder fifteen grains; camphor three grains; to be given every three hours in dysenteric typhus, to combat the prostration of the vital powers.

Stimulant bolus.—Take of camphor, *arnica* flowers, and treacle, each fifteen grains; divide into twelve boli, and give one every hour.

Stimulant electuary.—Take of powdered *arnica* root an ounce and a half, crude opium three-quarters of a grain, syrup a suffi

cient quantity. Divide it into six doses; one to be given every two hours in cases of purulent absorption.

Aromatic tincture of arnica.—Take of arnica flowers an ounce and a half; cloves, canella, and ginger, each two and a half drachms; anise, three ounces; alcohol, a quarter; macerate for eight days, and strain. A spoonful in water two or three times a day in contusions.—*London Journal of Medicine.*

PART III.---EDITORIAL.

THE INSTITUTE.—The present session of the Institute is fully realizing the expectations of its friends. Notwithstanding the strenuous efforts of the four other medical schools now in operation, aided by a heavy outlay in building, &c., and all the electioneering agencies to which men in a desperate condition are obliged to resort, the INDEPENDENT AMERICAN SCHOOL towers above them all, and more than a majority of all the medical students of Cincinnati are already matriculated on the books of the Institute.

How are the mighty fallen! A few years since among our most distinguished opponents, it was almost regarded as a treasonable offence to exchange a civil salutation with an Eclectic Professor, and in enumerating the medical schools of Ohio, the Institute was never mentioned. Now, in the vain hope of competing with the young giant of Eclectic Reform, and averting their own steady decline—they have staked all upon one desperate effort, and in order to erect a huge building, substituting brick and mortar for scientific attractions—mortgaged the Medical College of Ohio, under a heavy debt which with their limited revenues, it is supposed, cannot fail to swallow up the whole concern. If the two other orthodox schools—the Miami Medical College and the Cincinnati College of Medicine and Surgery, both of which, with all their professors included, would hardly fill a fashionable parlor, should seek to prolong the contest after the downfall of the Medical College of Ohio, we should be pleased to encourage their laudable ambition, on the same principle that Barnum in exhibiting an eight-foot giant would display Tom Thumb as near as practicable to show that Nature is equally capable of producing very great and very small objects.

Seriously, the present pitiable condition of the old school institutions of Cincinnati, is a perfect illustration of their contracted spirit and principles—they are as small in bodily magnitude as they are in their conceptions of intellectual progress. We shall endeavor in the next number of the Journal, to give, if possible, a correct report of the actual number of students attending the five medical schools of Cincinnati.

R.

MEDICAL COLLEGES.—In a previous number of the journal, we advocated the propriety of medical schools adopting an obligation for their graduates, which shall be taken prior to the degree being conferred. We still think some good may be accomplished in that way, and are pleased to find that the St. Louis University has introduced one into their list of requirements for graduation, and which reads as follows:

"You, A. B. do solemnly promise, that you will, to the utmost of your ability, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourself honorably in the practice thereof; that you will not put forth any nostrum or secret mode of cure, nor engage in any other species of quackery; and, that you will not publish any matter or thing laudatory of yourself or derogatory to the profession; and in the conferring of this degree, it is done with the express understanding, that the Faculty reserve to themselves the right and privilege to revoke said degree, whenever the promise here made shall be violated."

Here is a form that may do well, but we are in favor of carrying it a little further, and enjoining adherence to the code of ethics of the American Medical Association in full. This is now the time for the beginning of most of the collegiate courses of our medical schools, and therefore a favorable moment for action upon a proposition of this kind. We hope it may be generally adopted.—*Western Lancet*.

The above article is an insult to the medical profession, and displays a disposition of despotic tyranny in no sense commendable. Its objectionable features become apparent upon analysis, and the object none other than the most selfish. What are we to understand by the "respectability of the profession?" What constitutes honor in the practice thereof? In what consists "quackery" as understood? Does the "respectability of the profession" mean the defence and practice of its errors? Does honor in the practice thereof, mean a blind adherence to particular theories taught in the schools. Does "quackery" mean the administration of remedies substituted for calomel? If these questions are answered in the affirmative, we would say, take no such oath, young men; what is a "solemn promise" but an oath? Do not tie yourselves down to the opinions of any man, or set of men; but open your perceptive faculties and look around for yourselves, in search of truths by which you may more successfully combat disease.

As to writing nothing laudatory of themselves, we think that a stop would be put to all *writing*; as that character of indirect self-laudation does and must accompany all valuable productions on science.

As to the right of revoking a degree, we say bah! Why do you confer the degree, if the recipient is not worthy and well qualified? How dare any college to proscribe the free exercise of its own judgment? You might almost as well say, "any one can get the degree conferred on him who will swear eternal fidelity to ethics of the American Medical Association."

It would be but a step farther to ask the Legislature to pass a law, prohibiting all who will not take such an obligation on themselves, from the exercise of their common right. The whole scheme is anti-American, and an insult to every graduate who is asked to take the oath. Give the mind a fair field in which to play; if your doctrines are too cramped for the *liberalism* of the age, let them discard the errors which exist, and cull from other sources all means of rendering themselves proficient in the healing art. Teach these intended

for the profession their duty to society, to individuals, to themselves, and to the race, and you may dispense with your obligations. A system of medicine must be in a dreadful state of dilapidation, which requires such efforts to restrain the young and liberal minds of the 19th century. A vow of fidelity securing a diploma! really science with *such* must be on the wane, and titles of real utility. Why, Dr. Sangrado could not have done more than this to Gil Blas.—Pythagoras must have whispered in the ears of the medical schools adopting such a course, the secret of success—mystery—a blind adherence to preconceived opinions. Young men will you thus sell your right to think?

W. L. G. B.

INTRODUCTORY LECTURES, FACULTY, &c.—The preliminary course has concluded, and the regular session has opened in the most satisfactory manner, every professor being promptly at his post of duty. Professors BICKLEY, SHERWOOD, and HOYT have already proved themselves worthy of their high responsibilities, and evinced the capacities of able and perspicuous teachers. Each of these gentlemen possesses, in addition to a full command of his subject, a fluent delivery and a clear arrangement of thought, together with that intellectual discipline and literary cultivation which are indispensable in the finished teacher. Prof. Bickley, in addition to his mature experience as a practitioner of medicine in Virginia, brings important additional qualifications in his thorough familiarity with Botany, and the literary ability which he has exhibited in his historical writings and other contributions to American literature. Prof. SHERWOOD, an old pupil of Prof. I. G. Jones, and enjoying in the highest degree the confidence and esteem of his able preceptor, is one of those able, devoted and untiring men whose superior natural abilities, unwearied perseverance and high-toned moral principles give every assurance that in behalf of a just cause they are capable of overcoming mountains of difficulty. We risk nothing in the prediction that he will yet prove himself one of the pillars of medical reform, and earn a lasting title to the gratitude of reformers. Of Prof. HOYT it is sufficient to say that (although the youngest member of the Faculty,) the manly traits of his character, his mental cultivation and evident capacity for the labors of a thorough and accurate teacher of science have fixed upon him the unanimous regard of his colleagues, in the belief that he will perform the duties of his chair in a manner equal if not superior to any of his predecessors in that department. Young men who are ambitious of eminence, and who have nothing to do but give their days and nights to study are the proper persons for every post of labor, in which we do not require the results of matured experience.

The Introductory Lectures of the session were delivered at the Mechanics' Institute, (the college building being insufficient for the popular audience,) by Professors Bickley and Buchanan on Saturday the 6th, and by Professors King and Sherwood on the 10th ultimo. The large audiences which attended, their applauding sympathy, and the signal contrast of numbers and spirit to the progress of the orthodox schools, rendered the occasion one of

triumph to the friends of reform—indeed the triumph was so complete as to leave room for a little good humored laughter at the contrast exhibited. The following passage in the introductory lecture of the Dean of the E. M. Institute did not fail to excite the merriment of the audience at its conclusion, although the smiles of some who were present were decidedly *sardonic*. B.

"Remember that seven or eight years ago medical reform had scarcely an existence in Cincinnati—remember that ten years since I presented in this city a great scientific reform—discoveries in physiology of the highest importance to mankind, filling up a vast deficiency in human knowledge—and that I sought in vain the attention of the leaders of the medical profession. And in vain too did *Morrow* demonstrate in private practice the superiority of a bloodless and sanative system of treatment. The truths we would present could find no audience in the atmosphere of medical despotism among those who esteemed themselves dictators. But to-day the picture is changed—to-day I have the honor of propagating true science in the halls of a chartered college; and, notwithstanding all opposition from four or five medical schools, a decided majority of all the medical students of Cincinnati attend upon our lectures. And while I find our hall crowded to its utmost limits by intelligent young men, Professors who are venerable by their age and learning, but who scorn the whole movement of reform, are left almost in solitude. The venerable President of the National Medical Association, in whom the dignity and honor of the entire orthodox profession are represented, addresses with his colleagues a snug little class which might very well be accommodated on the sofas of a lady's private parlor. Reform is henceforth triumphant in Cincinnati."

DEATH OF PROF. DRAKE.—Dr. DANIEL DRAKE, widely known in the United States as an author, professor, and physician, departed this life in Cincinnati, on the 5th ult. A pulmonary attack, terminating in congestion of the brain, produced the fatal event. Every mark of respect was paid to his memory by the citizens and the profession. The lectures of the Medical College of Ohio, the Miami College, and the Cincinnati College of Medicine, were suspended from the 7th to the 10th inst.—the day of his funeral. Appropriate resolutions of respect were adopted by the class of the Eclectic Medical Institute, as well as by the other schools, and the members of the medical profession. The class and Faculty of the Institute attended the funeral in a body. Long conspicuous by his literary talents and his active interest in public improvements—Dr. Drake might be regarded as the Patriarch of the profession in Cincinnati, and his decease will produce a sensation throughout the West and South. Of the three great men of the profession in the West—DRAKE, DUDLEY, and CALDWELL, the two latter survive, at an advanced age, and when they leave this sphere of existence, their lives will have become a part of the history of the West. B.

DEATH OF DR. THEODORE TREAT.—Dr. R. B. Treat, of Janesville, Wisconsin, writes under date Oct. 19th, as follows:

"My brother, Dr. Theodore Treat, died on Wednesday last, at 11 o'clock, P. M. His disease, *Malignant Typhoid Fever*. In this dispensation of Provi-

dence relatives and friends are called to mourn one who could ill be spared at this time. In his death the community has been deprived of an energetic and successful practitioner, and the profession of a bright and shining member.

He bore his sickness with much patience and fortitude for five long weeks, when death kindly came to his relief and freed him from his sufferings. Several months previous he had a presentiment that he should soon be called away. And thus has gone one who was just ripening into sturdy manhood and whose mind just began to be developed; and had he lived as he commenced, few would have surpassed him in the practice of his profession.

[A few hours before death he folded his arms across his breast, and with all the composure of a more mature age, his spirit passed from 'earth to heaven' without a struggle."

BOOK NOTICES.

PROCEEDINGS OF THE THIRD ANNUAL SESSION OF THE INDIANA STATE MEDICAL SOCIETY, HELD IN THE CITY OF NEW ALBANY, MAY, 1852. *Anderson & Warren*: pp. 79. *Paper*.

We have received the above work, and find it to be similar in character to other reports of the kind emanating from the tributaries of the American Medical Association. Many of its resolutions show more liberality than has heretofore been expressed by conventions of Allopathic Physicians. The work contains the proceedings of the Medical Society, Lists of the Members present, an Address by Prof. Meigs, two or three reports, and the Constitution and By-Laws of the Society. As to the establishment of a Medical College in Indiana, as recommended by the Society, we think they must have forgotten the fact, that they have more schools at present than can be supported. But try it, gentlemen, experience will teach you a lesson not soon to be forgotten.

THE EAST TENNESSEE RECORD OF MEDICINE AND SURGERY; Edited by *Frank. A. Ramsey*, A. M. M. D., Knoxville. August, 1852, No. 2. pp. 100; quarterly, \$2 per annum.

The above work has been received; and as it represents a part of Tennessee distant from schools of importance, the *Profession who subscribe to the Laws of the American Medical Association*, should, of course, assist Dr. Ramsey in maintaining the Journal. As we do not believe in its precepts, of course it cannot be recommended to Eclectics by us. The work is, however, well worth the subscription price.

RANKING'S HALF YEARLY ABSTRACT OF THE MEDICAL SCIENCES; No. 15. Philadelphia, Lindsay and Blakiston. Cincinnati, Post & Co. and Derby & Co. pp. 320; half yearly, \$1.50 per annum.

Of all the Medical periodicals published, none furnish the profession in America so much information of Medicine and its Collateral Sciences in Europe as this. As its name indicates, it is an abstract or compendious view of everything that has transpired and the books published for the previous six months. The physician who reads this work will always be informed of what is taking place in the profession of Europe. It is a work of deserved reputation, and those who read it will be well repaid.

ILLUSTRATED CATALOGUE OF BLANCHARD & LEA'S MEDICAL AND SURGICAL PUBLICATIONS, 1852; pp. 48. To be had of Booksellers generally.

The above work has been laid on our table; and as it will enable the physician to select such works as he may most need, we would commend it to all. It is variously embellished, and should be consulted by all before buying medical books.

THE PHYSICIAN'S VISITING LIST, DIARY, AND BOOK OF ENGAGEMENTS FOR 1853. Philadelphia: Lindsay and Blakiston. Bound in embossed cloth.

This neat little work contains an almanac, table of doses, list of poisons and their antidotes, summary of the proceedings of the last American Medical Association, blank leaves for visiting lists, (neatly and carefully arranged,) memoranda, address of patients, address of nurses, accounts asked for, memoranda of wants, obstetric engagements, and so forth.

We need not speak in commendation of this work; for the physician will at once see the utility of such a book—it is of convenient size.

SCIENTIFIC AMERICAN, published by Munn and Co., of New York.

This paper has already acquired a reputation, not only throughout America but in most parts of Europe. It has a circulation of 16,000, and, as an advertising sheet alone, would be one of the best papers we know of; but when we remember it embodies descriptions of all new machinery, and embellishments so as to render the descriptions plain, the value of the paper is greatly enhanced. For the mechanic and family circle, few papers will ever accomplish more. The paper, as its name indicates, is *scientific*, and deserves an extensive patronage.

GOD IN DISEASE, OR THE MANIFESTATION OF DESIGN IN MORBID PHENOMENA.

By James F. Duncan, M. D. pp. 232; cloth. Philadelphia: Lindsay and Blakiston.

A curious title, really! But perhaps not more so than the doctrines advocated in the book. The author attempts to show that God inflicts disease upon men for several reasons. 1st, its influence upon society is beneficial. 2nd, it exercises the same upon individuals. 3rd, pain is intended to warn us of danger. 4th and lastly, man is thus always forcibly reminded that he must die.

Whether the author has proved his position is for the reader to say. Disease is certainly *caused*—but we think, we know—by violating certain natural laws necessary to harmonious action in the organism. The absence of such action is the cause of disease. God does not desire to see men full of pain. Happiness is the legitimate end of his existence, and all pain is caused by the violation of the laws reigning over the human constitution. But read the book and judge for yourselves. It is worthy of a perusal, and would, no doubt, elicit many new thoughts.

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